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# orm 990

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

2010

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2010 ca	lendar year, or tax year beginning 01-01-2010 and ending 12-31-2010			
		pplicable	C Name of organization CAMP FIRE USA ALASKA COUNCIL		D Employer	identification number
	dress ch	_	Doing Business As		92-0029	0613
∏ Na	me cha	inge	bollig business As		E Telephon	e number
Ind	tıal retu	ırn	Number and street (or P O box if mail is not delivered to street address)	Room/suite	(907) 27	9-3551
Te	mınate	ed	161 KLEVIN STREET NO 100			
☐ Am	ended	return	City or town, state or country, and ZIP + 4 ANCHORAGE, AK 99508		<b>G</b> Gross rece	ipts \$ 6,274,891
Г Ар	plication	n pending	ANCHORAGE, AIC 33300			
			F Name and address of principal officer	H(a) Isthisag	roup return for aff	iliates? Yes V No
			BARBARA DUBOVICH 161 KLEVIN STREET NO 100	U/h) Are all a	ffiliatas insliida	d?
			ANCHORAGE, AK 99508	H(b) Are all a		st (see instructions)
		ant status	<b>F</b> 504 ( ) 2) <b>F</b> 504 ( ) 4 ( ) 4 ( ) 5 ( ) 5 ( ) 5 ( ) 5 ( ) 6 ( ) 6 ( ) 6 ( ) 6 ( ) 7 (		exemption	
		npt status	▼ 501(c)(3)			
J W	ebsite	e: 🕨 WW	/W CAMPFIREAK ORG			
		ganızatıon	✓ Corporation Trust Association Other ►	<b>L</b> Year of form	nation 1960	<b>M</b> State of legal domicile AK
Pa	rt I	Sum	mary			
Governance		CAMP F: OPPORT	escribe the organization's mission or most significant activities IRE USA ALASKA COUNCIL BUILDS CARING, CONFIDENT YOUTH A FUNITIES FOR YOUTH TO REALIZE THIER FULL POTENTIAL AND TO ED INDIVIDUALS			
š						
	2	Check th	nis box দ if the organization discontinued its operations or disposed of	more than 25	% of its net	assets
න් ග			of voting members of the governing body (Part VI, line 1a)		3	16
ĐĘ.			of independent voting members of the governing body (Part VI, line 1b)		4	16
Activities &			mber of individuals employed in calendar year 2010 (Part V, line 2a)		5	369
4			mber of volunteers (estimate if necessary) related business revenue from Part VIII, column (C), line 12		6 7a	108
			lated business taxable income from Form 990-T, line 34		7a 7b	
			acca basiness taxable meente nom rom sys 1, mic 51 .	Prior		Current Year
	8	Contri	butions and grants (Part VIII, line 1h)		1,862,936	1,980,925
計	9		m service revenue (Part VIII, line 2g)		3,998,142	4,273,590
Revenue	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)		1,663	11,068
ď	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		17,509	9,308
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		5,880,250	6,274,891
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		108,906	91,601
	14	Benefi	ts paid to or for members (Part IX, column (A), line 4)		0	0
70	15		es, other compensation, employee benefits (Part IX, column (A), lines 5–		4.076.500	2 2 2 2 2 4 2
Expenses		10)			4,076,599	3,908,918
<u>क</u>	16a		sional fundraising fees (Part IX, column (A), line 11e)		0	0
Δ	b		ndraising expenses (Part IX, column (D), line 25) • 262,165		1 550 706	1 205 527
	17 18		expenses (Part IX, column (A), lines 11a-11d, 11f-24f) expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,559,796 5,745,301	1,385,537 5,386,056
	19		ue less expenses Subtract line 18 from line 12		134,949	888,835
Net Assets or Fund Balances		/ •		Beginning Ye	of Current	End of Year
esse Bafa	20	Total	assets (Part X, line 16)		3,102,604	3,755,776
절	21	Totall	iabilities (Part X, line 26)		519,338	283,675
	22		sets or fund balances Subtract line 21 from line 20		2,583,266	3,472,101
Unde know		lties of po and belie	ature Block  erjury, I declare that I have examined this return, including accompanying sch f, it is true, correct, and complete. Declaration of preparer (other than officer)			
		****	**	201	1-11-07	
Sigr	1	I B	ature of officer	Date		
Her			MARA DUBOVICH CHIEF EXECUTIVE OFFICER or print name and title			
		Print/Type	VEV E CETTY CDA I ' VEV E CETTY CDA I ""	-   -	heck if self-	. PTIN
Paid	}	preparer's Firm's nai	s name KEY E GETTY CPA KEY E GETTY CPA 201 me MIKUNDA COTTRELL & CO CPA'S	1-11-07 e	mployed 🕨	Euro's ETN
Prep		Fırm's add		Firm's EIN		
Use	Only		ANCHORAGE, AK 99503			Phone no • (907) 278- 8878

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . .

Forn	1990 (2010)					Page
Pai	t III Statement of Pro Check if Schedule O			<b>lishments</b> lestion in this Part III		
1	Briefly describe the organiz	ation's mission				
OPP	IP FIRE USA ALASKA COUN ORTUNITIES FOR YOUTH T IVIDUALS					
2	Did the organization underta the prior Form 990 or 990-E					┌ Yes ┌ No
	If "Yes," describe these new	services on Schedule	e O			
3	Did the organization cease of services?				nducts, any program	┌ Yes ┌ No
	If "Yes," describe these cha	nges on Schedule O				
4	Describe the exempt purpos Section 501(c)(3) and 501( allocations to others, the tot	c)(4) organizations ar	nd sectio	on 4947(a)(1) trusts a	are required to report the ar	•
 4a	(Code ) (	Expenses \$ 3,	250,773	ıncludıng grants of \$	91,601 ) (Revenue \$	3,852,155 )
	ACTIVITIES, LEARNING EXPERIEN SCHOOL IN WHICH THE PARTICI	CES, AND MEANINGFUL OF PANTS ARE ENROLLED, CR	PPORTUNI EATING CO	TIES FOR INVOLVEMENT A DNSISTENCY FOR THE CHI	ILIES BY KEEPING KIDS SAFE WH ND MEMBERSHIP EACH SITE IS L LDREN AND ELIMINATING TRANSI HORAGE SCHOLARSHIPS ARE AV	PORTATION WORRIES FOR
4b	(Code ) (	Expenses \$	304,554	ıncludıng grants of \$	) (Revenue \$	)
	YOUTH WITH SAFE AND PROTECT	TED PLACES TO PLAY, AND NEW SKILLS THE PROGRA	EXTRA ME	EASURE OF ADULT ATTENT		NEIGHBORHOODS THAT PROVIDE MEWORK AND OPPORTUNITIES TO DUT THE SCHOOL YEAR YOUTH
	(Code )(	Expenses \$	571,005	including grants of \$	) (Revenue \$	421,435 )
4c	SUMMER CAMPING PROGRAMS - CAMPS PROVIDE 1000 YOUNG CA SENSE OF LIFE THAT IS LARGER COMMUNITY IN WHICH EACH ME SUMMER CAMPING PROGRAMS A INCREASE KNOWLEDGE OF AND	RURAL ALASKA, CAMP K F MPERS WITH OPPORTUNI THAN ONE'S SELF SUPPOF MBER EXPERIENCES A SE RE DESIGNED TO INCREAS APPRECIATION FOR THE N TEN TIMES THE NATIONAL	RESIDENT TIES TO BI RTIVE GUII NSE OF CO SE SELF-AN IATURAL W AVERAGE	CAMP AND SI-LA-MEO DAY E OUTSIDE, CONNECT WIT DANCE OF CARING ADULT WINECTEDNESS, AFFILIATI WARENESS AND POSITIVE V ORLD THE COUNCIL TEAC OF DROWNING INCIDENT	CAMP COMBINED THE COUNCIL H NATURE, LEARN NEW SKILLS, I COUNSELORS HELP CAMPERS BU DN, BELONGING, SAFETY, ACCEP' VALUES, INCREASE SOCIAL SKILLS CHES COLD-WATER SURVIVAL TO S PER YEAR THE PROGRAMS INC	L'S CO-EDUCATIONAL SUMMER MAKE NEW FRIENDS, AND GET A ILD THEIR OWN UNIQUE FANCE, AND APPRECIATION S AND SENSE OF BELONGING, ANI CHILDREN AND TEENS ALASKA CLUDE BOATING SAFETY, HEALTHY
4d	Other program services (D	escribe in Schedule (	 D )			
	(Expenses \$	ıncludıng ç	grants of	<sup>:</sup> \$	) (Revenue \$	)
4e	Total program service expe	nses►\$ 4	,126,33	2		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🤨	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		Νο
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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		No
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? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		Νο
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		Νο
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		Νο
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		Νο
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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	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? If "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		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form	990 (2010)			Page <b>4</b>
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		Νο
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 lines 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		No
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? If "Yes," complete Schedule L, Part III	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? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect 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	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	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? If "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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	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 Yes V No			
36	<b>Section 501(c)(3) organizations.</b> 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?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements	Regarding	Other IRS	5 Filings	and Tax	<b>Compliance</b>

	Check if Schedule O contains a response to any question in this Part V	•	. [	<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 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			
c	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  Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	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 instructions for 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		No
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?			
_		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		Νο
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		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			N.a
d	file Form 8282?	7c		No
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
h	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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
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		No
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
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		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
- 100	venue code.		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
	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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		1 00	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
r	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	1 63	
Ī	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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	10a		140
	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

(907) 257-8817

- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization CARLA STEPHENSONDIRECTOR OF FINANCE
  161 KLEVIN STREET SUITE 100
  ANCHORAGE, AK 99508

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

Check if Schedule O contains a response to any question 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, 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, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 neither the organization nor any related organization compensated any current officer, director, or trustee

<b>(A)</b> Name and Title	(B) Average hours	Posii t	(( tion ( hat a	che		II		( <b>D</b> ) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) JOSEPH DARNELL DIRECTOR	1 00	х						0	0	0
(2) RAY DINGER DIRECTOR	1 00	Х						0	0	0
(3) MARK FRYER DIRECTOR	1 00	Х						0	0	0
(4) JOHN GLIVA 2ND VICE PRESIDENT	1 00	х		х				0	0	0
(5) BARBARA HENJUM DIRECTOR	1 00	х						0	0	0
(6) MONICA KANE DIRECTOR	1 00	Х						0	0	0
(7) JILL KLEIN DIRECTOR	1 00	Х						0	0	0
(8) MATTHEW KOLESKY SECRETARY	1 00	Х		х				0	0	0
(9) MICHAEL KREGER DIRECTOR	1 00	Х						0	0	0
(10) KEN LORD PRESIDENT EMERITUS	1 00	Х		х				0	0	0
(11) SARA PATE PRESIDENT	2 00	Х		х				0	0	0
(12) CAROL RICHARDS DIRECTOR	1 00	Х						0	0	0
(13) JOHN RODGERS TREASURER	2 00	Х		х				0	0	0
(14) BARBARA ROSETTI 1ST VICE PRESIDENT	1 00	х		х				0	0	0
(15) STEVEN THENO DIRECTOR	1 00	х						0	0	0
(16) DIANNE THOEBE DIRECTOR	1 00	Х						0	0	0

\$100,000 in compensation from the organization **F**0

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

(A) Name and Title	(B) Average hours per		tion that a		′)		1	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related		(F) Estima nount of ompens	ited fother
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	orç	from t ganızatı relate rganıza	he on and ed
(17) BARBARA DUBOVICH CHIEF EXECUTIVE OFFICER	40 00			х				106,690		0		20,805
(18) CARLA STEPHENSON DIRECTOR OF FINANCE	40 00			х				62,287		0		14,796
41 61 7 1 1							<u> </u>					
1b Sub-Total						· ·						
d Total (add lines 1b and 1c) .							<b> -</b>	168,977	C	,		35,601
Total number of individuals (incl \$100,000 in reportable compen	-				ted a	above)	who	received more tha	n	•		
3 Did the organization list any <b>for</b> on line 1a? If "Yes," complete Scl								r highest compens	ated employee	3	Yes	<b>No</b>
4 For any individual listed on line is organization and related organization and related organization.										4		No
5 Did any person listed on line 1a services rendered to the organiz									r individual for •	5		Νο
Section B. Independent Con	tractors											
1 Complete this table for your five \$100,000 of compensation from			ndep	ende	nt c	ontrac	tors	that received more	than			
•	(A) ne and business add							Descri	(B) ption of services		(C) Compen	

Part \		2010)					Pa	age <b>9</b>
Part	V111	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue		excluded from tax under sections
	•							513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues	. 1c . 1d 1e , and 1f enes 1a-1f \$	179,361 430,446 1,371,118 92,286	1,980,925			
	22			Business Code				
Program Service Revenue	2a	SCHOOL AGE PROGRAM		624410		3,852,155	†	<u> </u>
න කි	Ь	DAY CAMP PROGRAM		624410	357,550			
¥.	c d	RESIDENT CAMP PROGRAM		624410	63,885	63,885		-
% =	e							
er Pa	f	All other program service re	venue					
چ	_	Total. Add lines 2a-2f	<b>.</b>		4,273,590			
	3	Investment income (including and other similar amounts) Income from investment of tax-ex	ng dividends, interest ▶ empt bond proceeds ▶		2,971			2,97
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	(I) Redi	(II) Personal 8,984				
	ь	Less rental						
	c	expenses Rental income		8,984				
	d	or (loss) [ Net rental income or (loss)			8,984			8,98
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(ı) Securities	(II) O ther 8,097				
		Gain or (loss)  Net gain or (loss)		8,097	8,097			8,09
Other Revenue	8a b c	Gross income from fundraisi (not including  \$ of contributions reported on See Part IV, line 18  Less direct expenses .  Net income or (loss) from fundraisi	Ine 1c)  a  b  draising events •  ctivities See Part IV, line 19 . a					
				ь				
		Net income or (loss) from ga Gross sales of inventory, les					<del>                                     </del>	
		returns and allowances .  Less cost of goods sold .	a	18				
	c	Net income or (loss) from sa	les of inventory 🟲		18			1
	11a	Miscellaneous Revenue OTHER REVENUES		Business Code 900099	306			30
	c							
		All other revenue  Total. Add lines 11a-11d			306			
			₽		500		1	
	12	Total revenue. See Instructi	ons 🛌	ľ				

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

A	Section 501(c)(3) and 501(c)(4) organizations must lother organizations must complete column (A) but are not required to a	-		(D)	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) 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	91,601	91,601		
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	204,578		204,578	
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	3,120,096	2,710,274	237,908	171,914
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	22,113	13,573	6,958	1,582
9	Other employee benefits	156,661	103,263	21,258	32,140
10	Payroll taxes	405,470	346,711	41,237	17,522
а	Fees for services (non-employees) Management	44,720	27,320	5,062	12,338
b	Legal	380		380	
c	Accounting	15,225		15,225	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	25,376	11,288		14,088
13	Office expenses	565,919	497,777	65,255	2,887
14	Information technology	38,803		38,803	
15	Royalties				
16	Occupancy	280,522	70,897	209,525	100
17	Travel	83,796	75,081	8,121	594
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	34,115	18,329	7,016	8,770
20	Interest	6,277		6,277	
21	Payments to affiliates	49,992		49,992	
22	Depreciation, depletion, and amortization	61,717		61,717	
23	Insurance	99,638	85,940	13,698	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	BAD DEBT	72,200	72,200		
b	DUES	5,127	1,913	2,984	230
c	MISCELLANEOUS EXPENSES	1,730	165	1,565	
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	5,386,056	4,126,332	997,559	262,165
26	Joint costs. Check here ▶ 🔽 if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (B) (A) Beginning of year End of year 28.466 1 1 29,954 236.692 850.835 2 Savings and temporary cash investments . . . . . . . 2 732,577 541,083 3 3 69,455 4 63,979 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 6 977,000 7 977,000 8 8 Prepaid expenses and deferred charges . . . . 51,887 9 57,785 10a Land, buildings, and equipment cost or other basis Complete 1,746,564 10a Part VI of Schedule D 511.424 ь Less accumulated depreciation . . . . . 10b 1.006.527 10c 1.235.140 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 3,102,604 16 3,755,776 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 264,998 17 209.090 17 Accounts payable and accrued expenses . 18 18 44.703 19 19 32.399 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 203.000 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 6.637 25 42,186 Other liabilities Complete Part X of Schedule D . . . . . 26 519.338 26 283,675 **Total liabilities.** Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 1.790.585 27 2,400,222 Temporarily restricted net assets . . . . . 792,681 28 28 1,065,879 Fund 6,000 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 2,583,266 3,472,101 33 Total net assets or fund balances . . . . 33 34 Total liabilities and net assets/fund balances . . . . . 3,102,604 3,755,776 34

Pa	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6.3	274,89
2	Total expenses (must equal Part IX, column (A), line 25)	2			386,05
3	Revenue less expenses Subtract line 2 from line 1	3			388,83
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,5	583,26
5	Other changes in net assets or fund balances (explain in Schedule O)	5			ı
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		3,4	172,10
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			৮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t 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	1			
	Schedule O	ŀ	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

**Employer identification number** 

# SCHEDULE A Public

(Form 990 or 990EZ)

Name of the organization

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. See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

CAMP FIRE USA ALASKA COUNCIL 92-0029613 Reason for Public Charity Status (All organizations must complete this part.) See instructions organization is not a private foundation because it is (For lines 1 through 11, check only one box ) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 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 ) 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 organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 509(a)(4). 10 11 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 that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organization in col (i) listed in your governing document?		Type of ganization scribed on 1- 9 above RC section (see		(v) Did you not organizati col (i) of suppor	on in your t?	(vi) Is the organizati col (i) orga in the U	on in anized S ?	(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No			
-											
Total											

# 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.)

	under Part III. If the	e organization	rails to quality t	inder the tests ii	sted below, ple	ase co	mpiete i	art III.)
	ection A. Public Support	T	1	T 1				
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 2	010	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not	2,249,69	08 1,138,381	1,189,454	1,774,436		1,691,787	8,043,756
	ınclude any "unusual grants ")	2/213/03	2,200,000	2,205,101	2,,		2,002,101	
2	Tax revenues levied for the organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
4 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions	2,249,69	1,138,381	1,189,454	1,774,436		1,691,787	8,043,756
•	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) <b>Public Support.</b> Subtract line 5							0.042.756
	from line 4							8,043,756
	ection B. Total Support							
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2	010	<b>(f)</b> Total
7	A mounts from line 4	2,249,698	1,138,381	1,189,454	1,774,436	1	,691,787	8,043,756
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties	24,347	20,054	2,918	18,205		11,956	77,480
	and income from similar	21,317	20,031	2,510	10,203		11,550	77,100
	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	12,540	954	250	534		306	14,584
	IV)							
11	Total support (Add lines 7 through 10)							8,135,820
12	Gross receipts from related activiti		•			12		19,290,726
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second	, thırd, fourth, or fi	fth tax year as a !	501(c)(:	3) organız	ation, ▶┌
Se	ection C. Computation of Pul	blic Support I	Percentage					
14	Public Support Percentage for 201	•		11 column (f))		14		98 870 %
15	Public Support Percentage for 200	,	·		1.1 22.4/20/	15		98 390 %
toa	<b>33 1/3% support test—2010.</b> If the and <b>stop here.</b> The organization qua				ne 14 is 33 1/3%	or more	e, cneck ti	nis dox <b>►</b> ✓
b	33 1/3% support test-2009. If the	organization did	not check the bo	x on line 13 or 16a	a, and line 15 is 3	3 1/3%	or more,	check this_
172	box and stop here. The organization 10%-facts-and-circumstances test				a 13 16a or 16b	and line	. 1.4	<b>►</b>
L/a	is 10% or more, and if the organiza							
	in Part IV how the organization med					-	•	- <b>-</b>
h	organization 10%-facts-and-circumstances test	<b>_2009</b> Ifthe era	ianization did not :	chack a hov on line	a 13 16a 16h ^	r 172 21	nd line	<b>►</b>
U	15 is 10% or more, and if the organ	-						
	Explain in Part IV how the organiza							. <del></del>
18	supported organization  Private Foundation If the organizat	ion did not check	cabox on line 13	.16a.16h 17a or	17b. check this b	nox and	see	<b>▶</b> □
	instructions		Ca Dox on fille 15,	154, 155, 174 01	I. D, CHECK HIS I	JOX GIIG		<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15							
Public support percentage from 2009 Schedule A, Part III, line 15									
S	Section D. Computation of Investment Income Percentage								
17	Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	17							
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18							

19a 33 1/3% support tests—2010. 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

33 1/3% support tests—2009. 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanations
	required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any
	additional information. (See instructions).

Facts	And	Circur	nstanc	es T	est

#### **Explanation**

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME MISC REVENUE SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME MISC REVENUE

Schedule A (Form 990 or 990-EZ) 2010

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## **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	(b) 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 advis funds are the organization's property, subject to the o		oradvised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the benconferring impermissible private benefit		
Pai	t II Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form 990, Part IV, line 7.
2	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 Complete lines 2a-2d if the organization held a qualication on the last day of the tax year	on or pleasure)  Preservation of an Preservation of a c	historically importantly land area certified historic structure of a conservation
	easement on the last day of the tax year		Held at the End of the Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified his	toric structure included in (a)	2c
d	Number of conservation easements included in (c) ac	2d	
3	Number of conservation easements modified, transfe		ed by the organization during
•	the taxable year ►	rica, rereasca, extingaismea, er terminate	a by the organization during
_	·		
4	Number of states where property subject to conserva		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents during the year 🛌
7	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easements	s 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 the requirements of sec	tion Yes No
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	he footnote to the organization's financial nents	statements that describes
Par	Complete if the organization answered "		or Other 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 exhibition, education or researc	ch in furtherance of public service,
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	oublic exhibition, education, or research i	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		or financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	Organizations Maintaining Co	llections of Art	<u>, Hist</u>	orica	<u>ıl Treas</u>	ures, or C	<u> the</u>	r Simila	r Asse	ts (cc	ontinued)
3	Using the organization's accession and othe items (check all that apply)	records, check any	ofthe	follov	ving that a	ire a signific	ant u	se of its co	ollection	ו	
а	Public exhibition		d		oan or exe	change prog	rams				
ь	Scholarly research		e	$\Gamma$	ther						
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	ın how	thev f	urther the	organizatioi	ı's ex	cempt purp	ose in		
-	Part XIV			, ,							
5	During the year, did the organization solicit of							nılar	_		
Doo	assets to be sold to raise funds rather than t							'aall ta Fa		Yes	│ No
Pal	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					ni aliswere	u i	es to roi	יווו ששנ	''	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other ass	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the t	followir	ng tab	le	_					
									A mou	ınt	
c	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						<b>1</b> f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?			_			Г	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete										
		(a)Current Year	<b>(b)</b> P	rior Yea		Two Years Back		Three Years	Back (e	)Four Ye	ears Back
1a	Beginning of year balance	10,330			8,538	11,37	2				
b	Contributions	500									
С	Investment earnings or losses	1,026			1,944	-2,65	0				
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses	171			152	-18	4				
g	End of year balance	11,685		1	0,330	8,53	8				
2	Provide the estimated percentage of the yea	r end balance held a	ıs								
- а	Board designated or quasi-endowment	95 720 %									
ь	Permanent endowment 4 280 %										
	remanent endowment F										
c 3a	Term endowment ►  Are there endowment funds not in the posses	sion of the organiza	stion th	at ar	hold and	administara	d for	+ho			
Ja	organization by	ision of the organize	ition ti	iat are	: Ileiu aliu	aummstere	u ioi	tile		Yes	No
	(i) unrelated organizations								3a(i)	Yes	
	(ii) related organizations								3a(ii)		No
b	If "Yes" to 3a(II), are the related organizatio	•							3b		
4	Describe in Part XIV the intended uses of th										
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. Se		•			1			
					ost or other			(c) Accumi deprecia		( <b>d</b> ) Bo	ok value
	Description of investment			basis	(investment)	) Dasis (Otti			tion		ok value
1a	Description of investment  Land			basis (	(investment)	) basis (otti			tion		ok value
	<u> </u>			basis (	(investment)		0,417		98,348		
b	Land			basis (	(investment)		),417				
b c	Land			basis (	(investment)	1,10	),417 1,772				1,002,069 170,158
b c d e	Land					1,10		3	98,348		1,002,069

	Form 990, Part X, line 12	2.
(a) Description of security or category	( <b>b</b> )Book value	(c) Method of valuation
(including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
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	tion	(b) Book value
Total (Column (b) about a sunt Form 000 Part V. cal (P) line 1		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.		
Part X Other Liabilities. See Form 990, Part X	, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount	<b>.</b>
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount	

_	Total revenue (Form 990, Part VIII, column (A), line 12)	1 1	0,274,89
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,386,05
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	888,83
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	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	888,83
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Reti	
1	Total revenue, gains, and other support per audited financial statements	1	6,346,64
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	163,35
3	Subtract line <b>2e</b> from line <b>1</b>	3	6,183,29
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b 91,601		
С	Add lines <b>4a</b> and <b>4b</b>	4c	91,60
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	6,274,89
Par	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	5,457,80
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	163,35
3	Subtract line <b>2e</b> from line <b>1</b>	3	5,294,45
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		
ь	Other (Describe in Part XIV) 4b 91,601		
c	Add lines <b>4a</b> and <b>4b</b>	4c	91,60
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	5,386,05
Pai	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS		THE COUNCIL MAINTAINS A QUASI-ENDOWMENT FUND WITH THE ALASKA COMMUNITY FOUNDATION THE PURPOSE OF THIS FUND IS TO PROVIDE UNRESTRICTED OPERATING REVENUE TO FULFILL THE MISSION OF THE COUNCIL A SIMPLE MAJORITY VOTE BY THE BOARD OF DIRECTORS WILL DETERMINE HOW THE COUNCIL WILL USE THE FUNDS TO FULFILL ITS MISSION THESE FUNDS ARE 95 72% BOARD DESIGNATED AND 4 28% ARE PERMANENTLY RESTRICTED
PART XII, LINE 2D - OTHER ADJUSTMENTS		IN-KIND RENT DONATION 163,353
PART XII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIP NETTED AGAINST PROGRAM FEE 91,601
PART XIII, LINE 2D - OTHER ADJUSTMENTS		IN-KIND RENT DONATION 163,353
PART XIII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIP NETTED AGAINST PROGRAM FEE 91,601

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DLN: 93493315031931

OMB No 1545-0047

**Grants and Other Assistance to Organizations,** Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury

Internal Revenue Service Name of the organization CAMP FIRE USA ALASKA COUNCIL

Schedule I

(Form 990)

Inspect ion Employer identification number

						92-0029613	
Part I General Information	n on Grants and	l Assistance				·	
1 Does the organization maintain r							
the selection criteria used to aw							✓ Yes 🗀
2 Describe in Part IV the organiza	·	<del>-</del>					
Part II Grants and Other As							
Form 990, Part IV, line							Part II can be
duplicated if additional	i space is needed						
1 (a) Name and address of	(b) EIN	(c) IRC Code	(d) A mount of cash	(e) A mount of non-	(f) Method of	(g) Description of	(h) Purpose of gra
organization	(5) 2111	section	grant	cash	valuation	non-cash assistance	
or government		ıf applıcable		assistance	(book, FMV,		
					appraisal, other)		
					other)		
			1				
		l	l			_	
2 Enter total number of section 50		_				· · · · · <u>*</u> _	
3 Enter total number of other organ	nizations					<u> ▶ _</u>	
or Drivacy Act and Danomyork Poduction	Act Notice con the T	notrustions for Form OO	^	Cat No FOOFED		Cahadu	lo I /Form 000\ 2010

► Attach to 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>b)</b> Number of recipients	<b>(c)</b> 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
(1) SCHOLARSHIPS	132	91,601		FEE FOR SERVICE	

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	,	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

## **NonCash Contributions**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

Name of the organization **Employer identification number** CAMP FIRE USA ALASKA COUNCIL 92-0029613 Types of Property

	Types of Property			1	T		
		(a) Check if applicable	<b>(b)</b> Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of determining onca amounts	sh contribut	lion
1	Art—Works of art			±9			
	Art—Historical treasures						
	Art—Fractional interests						
	Books and publications						
	Clothing and household						
good							
6	Cars and other vehicles .						
7	Boats and planes						
8	Intellectual property						
9	Securities—Publicly traded						
10	Securities—Closely held stock						
11	Securities—Partnership, LLC, or trust interests .						
12	Securities—Miscellaneous						
13	Qualified conservation contribution—Historic structures						
14	Qualified conservation						
	contribution—Other						
15	Real estate—Residential .						
16	Real estate—Commercial						
17	Real estate—Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
	Scientific specimens						
24	Archeological artifacts .						
25	Other $\blacktriangleright$ ( CONSTRUCTION )	Х	3	92,286	FEE FOR SERVICE		
	O ther ►()						
	O ther ►()						
28	O ther ► ()						
29	Number of Forms 8283 received by				29		
	for which the organization complete	ea Form 8	3283, Part IV, Donee Ackr	iowieagement			
30a	During the year, did the organization					Yes	No
	must hold for at least three years f			on, and which is not require	d to be used		
	for exempt purposes for the entire				3	0a	No
b	If "Yes," describe the arrangement	: ın Part I	I				
31	Does the organization have a gift a	·		·		1 Yes	
32a	Does the organization hire or use to contributions?			to solicit, process, or sell		2a	No
	If "Yes," describe in Part II If the organization did not report re describe in Part II	venues 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) 2010

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DLN: 93493315031931

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

**SCHEDULE 0** 

(Form 990 or 990-EZ)

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

Attach to Form 990 or 990-EZ.

2010

Open to Public Inspection

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 V MEMBERS PARTICIPATORY MEMBERSHIP IN THE COUNCIL SHALL BE OPEN TO ALL YOUTH AND ADULTS AND SHALL BE ALL PERSONS CURRENTLY PARTICIPATING IN COUNCIL PROGRAMS, PERSONS INVOLVED IN DELIVERING SUCH PROGRAMS, INCLUDING STAFF, DIRECTORS, VOLUNTEERS, AND INDIVIDUAL DONORS 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 SUCH PERSONS SHALL NOT BE VOITING MEMBERS OF THE COUNCIL UNLESS THEY ARE ON THE BOARD OF DIRECTORS OF THE COUNCIL THE BOARD OF DIRECTORS MAY, FROM TIME TO TIME, ESTABLISH ADDITIONAL MEMBERSHIP, THE TERMS, CLASSIFICATIONS, AND VOTING RIGHTS THEREOF PROVIDED THAT THEY ARE NOT IN COMFLICT WITH THESE BY LAWS AND THE BY LAWS OF CAMP FIRE USA UPON BECOMING MEMBERS OF THE COUNCIL, INDIVIDUALS BECOME AFFILIATES OF CAMP FIRE USA THE 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 THE MEMBERS OF THE BOARD OF DIRECTORS OF THE COUNCIL NO OTHER MEMBERS OF COUNCIL SHALL BE THE RIGHT TO VOTE, UNLESS THE BOARD OF DIRECTORS GRANTS THAT RIGHT AS SET FORTH IN SECTION 1 OF THE COUNCIL BY LAWS

ldentifier	Return Reference	Explanation
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

ldentifier	Return Reference	Explanation
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, BY LAWS, 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.

Identifier	dentifier Return Reference Explanation	
	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

ldentifier	Return Reference	Explanation
	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 REVIEWED 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 BUDGET FOR COMPARISON PURPOSES

ldentifier	Return Reference	Explanation
	,	THE 990 IS 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

Identifier	Return Reference	Explanation
	l ' '	COPIES OF FINANCIAL STATEMENTS, BY LAWS, 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

Identifier	Return Reference	Explanation
COMMITTEE'S OVERSIGHT OF THE AUDIT	FORM 990, PART XI, LINE 2C	THE FINANCE COMMITTEE OVERSEES AND REVIEWS THE AUDIT PROCESS