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DLN: 93493228041382

Form **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)

2010

OMB No 1545-0047

Open to Public

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

Inspection

<u> </u>	r tha	2010 6	alendar year, or tax year beginning 10-01-2010 and ending 09-30-2011			
				loyer	dentification number	
_	еск іта Iress ch	pplicable nange	GIRL SCOUTS OF ALASKA	6000	179	
_		_	Doing Business As			
_	ne cha	-	E Tele	phone	number	
_	ıal retu		Number and street (or P O box if mail is not delivered to street address) Room/suite (90' 3911 TURNAGAIN BLVD NO E	7)248	3-2250	
Ter	mınate	ed .				
- Am	ended	return	City of town, state of country, and zir + 4	s receip	ots \$ 3,152,824	
- App	lication	n pending	ANCHORAGE, AK 99517			
			F Name and address of principal officer H(a) Is this a group return	n for affil	rates? Ves V No	
			MARCIA BARBER	rior aiiii	aces (les) No	
			3911 TURNAGAIN BLVD NO E ANCHORAGE, AK 99517 H(b) Are all affiliates in	ncluded	?	
			If "No," attach		t (see instructions)	
Tax	x-exem	npt status	▼ 501(c)(3)	tion n	umber 🟲	
14/	obsits	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	VW GIRLSCOUTSALASKA ORG			
			Corporation Trust Association Other ► L Year of formation 1	951	M State of legal domicile AK	
Pa	rt I	Sum	ımary			
Governance	-	GIRL ['] SC THE OR	escribe the organization's mission or most significant activities COUTS BUILDS GIRLS OF COURAGE, CONFIDENCE AND CHARACTER WHO MAKE THE V GANIZATION RUNS PROGRAMS, CAMPS, EVENTS, FUNDRAISING ACTIVITIES, AND MI RL SCOUTS IN SOUTH WEST, SOUTH EAST, AND SOUTH CENTRAL ALASKA			
<u> </u>	:					
	2 (Check tl	his box 🔰 if the organization discontinued its operations or disposed of more than 25% of its	s net a	assets	
ő A	3	Number	of voting members of the governing body (Part VI, line 1a)	3	17	
ACUMINES &	4	Number	of independent voting members of the governing body (Part VI, line 1b)	4	17	
3	5	Total nu	mber of individuals employed in calendar year 2010 (Part V, line 2a)	5	76	
₹	6	Total nu	mber of volunteers (estimate if necessary)	6	1,200	
	7a -	Total un	related business revenue from Part VIII, column (C), line 12	7a	C	
	Ь	Net unre	elated business taxable income from Form 990-T, line 34	7b	C	
			Prior Year		Current Year	
	8	Contri	ibutions and grants (Part VIII, line 1h)	,741	237,678	
員	9	Progra	am service revenue (Part VIII, line 2g)	,116	413,96	
Revenue	10	Inves	tment income (Part VIII, column (A), lines 3, 4, and 7d)	,122	47,199	
Ë	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,365	,567	1,478,639	
	12	Total	revenue—add lines 8 through 11 (must equal Part VIII, column (A), line			
			1,950		2,177,481	
	13			,960	182,178	
	14		its paid to or for members (Part IX, column (A), line 4)	0	0	
ø	15		es, other compensation, employee benefits (Part IX, column (A), lines 1,202	378	1,458,361	
Expenses	160	5-10)	ssional fundraising fees (Part IX, column (A), line 11e)	0	1,130,301	
<u>ক</u>	16a			$\overset{\circ}{-}$		
Ă	b		Indraising expenses (Part IX, column (D), line 25) ► 187,929	101	774 202	
	17			,104	774,382	
	18		expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2,047		2,414,921	
. 07	19	Reven		,140	-237,440	
တည္ ကျင္း			Beginning of Curre Year	:nt	End of Year	
net Assets of Fund Balances	20	Total	assets (Part X, line 16)	,996	2,758,344	
3 B	21			,288	161,031	
Ž.	22		ssets or fund balances Subtract line 21 from line 20		2,597,313	
Par	t II		nature Block			
inow inow	ledge a ledge.	and belie	erjury, I declare that I have examined this return, including accompanying schedules and statements of, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all informables. *** 2012-08-15 ature of officer Date			
Here		Туре	CA OTTEN DIR OF FINANCE AND OPERATIONS e or print name and title	-16		
		Print/Type preparer's			PTIN	
Paid		· ·	me MIKUNDA COTTRELL & CO CPA'S		Firm's EIN	
Prepa		Firm's ad-	dress ▶ 3601 C STREET SUITE 600			
Jse (Only	, 3 au	ANCHODAGE AK 99503		Phone no (907) 278- 8878	

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

Form	990 (2010)				Page
Par	Statement of Program Check if Schedule O contains			п	
1	Briefly describe the organization's m	ission			
ORG	. SCOUTS BUILDS GIRLS OF COURA ANIZATION RUNS PROGRAMS, CAN UTS IN SOUTH WEST, SOUTH EAST	MPS, EVENTS, FUND	RAISING ACTIVIT		
2	Did the organization undertake any s the prior Form 990 or 990-EZ? .		rvices during the ye	ar which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conducting services?		t changes in how it c	onducts, any program	┌ Yes ┌ No
	If "Yes," describe these changes on	Schedule O			
4	Describe the exempt purpose achiev Section $501(c)(3)$ and $501(c)(4)$ orgallocations to others, the total expensions	anızatıons and sectio	n 4947(a)(1) trusts	are required to report the ai	
4a	(Code) (Expenses:	\$ 662,952	ıncludıng grants of \$	101,389) (Revenue \$	122,625)
	CAMPS GIRLS CAN PARTICIPATE IN GIRL S SOUTHERN ALASKA CAMP IS ONE OF THE H DAY CAMP AND 620 GIRLS ATTENDED RESI THROUGHOUT THE YEAR FOR TROOP CAMP	HIGHLIGHTS OF BEING A G DENT CAMPS CAMP TOGO	IRL SCOUT AND PROVID	ES MEMORIES FOR A LIFETIME TH	IS YEAR, 2,066 GIRLS ATTENDED
4b	(Code) (Expenses	\$ 831,124	ıncludıng grants of \$	33,504) (Revenue \$	1,658)
	RECRUITMENT AND SUPPORT OF GIRL SCO OUR LARGE NUMBER OF VOLUNTEERS WE WORK WITH THE ASSISTANCE OF GIRL SCO STRUCTURE	HAD 1,712 REGISTERED A	DULTS THIS YEAR MOST	OF THE GIRLS PARTICIPATE BY J	DINING A TROOP VOLUNTEERS
	(Code) (Expenses	\$ 537,895	ıncludıng grants of \$	47,285) (Revenue \$	1,687,794)
-T C	PROGRAMS PROGRAMS SUPPLEMENT TROI REVOLVING AROUND A TOPIC IN WHICH GI EDUCATIONAL PROGRAMS, SUCH AS STEM WOMEN OF SCIENCE, WHERE WOMEN IN D PROGRAM TEACHES GIRLS BUSINESS SKILL TROOPS, AND SERVICE UNITS TO EARN REP PARTICIPATED IN THE COOKIE PROGRAM	OP ACTIVITIES AND CAMPS RLS ARE INTERESTED EVE (SCIENCE, TECHNOLOGY, IFFERENT SCIENCE CAREI S INCLUDING GOAL SETTIN	S AS PART OF THE GIRL SENTS INCLUDE FIELD TRIENGINEERING, MATHEM, ERS PRESENT AND TALKING, PUBLIC SPEAKING, A	SCOUT EXPERIENCE EVENTS ARE IPS, COMMUNITY AND ENVIRONME ATICS) PROGRAMS GIRL SCOUTS WITH GIRL SCOUTS ABOUT THEIR ND MONEY MANAGEMENT THE CO	TYPICALLY ONE DAY PROGRAMS NTAL SERVICE PROJECTS, AND OF ALASKA'S LARGEST EVENT IS FIELDS OF WORK THE COOKIE OOKIE PROGRAM ALLOWS GIRLS,
	Other program services (Describe	ın Schedule O N			
	(Expenses \$	including grants of	\$) (Revenue \$)
	Total program service expenses►\$	2,031,97	·		·
		-,,-			

Part TV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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 1	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 quasiendowments? If "Yes," complete Schedule D, Part V^{\bullet}	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		No
C	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		No
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		No
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		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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	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, Parts II and IV	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, Parts III and IV .	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 $11e^7$ If "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? <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		No
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? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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 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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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		Νo
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? <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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νo
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 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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

	Check it Schedule O contains a response to any question in this Part V		•1	
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable		Yes	No
	1a 11			
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?	24	V	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the	3a		No
b	year?	3b		140
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
b	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		Νo
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		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
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 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?	7f		Νo
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	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 a	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 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)			
	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? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	Enter the amount of reserves on hand 13b 13b 13c			
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		140

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.

Check if Schedule O contains a response to any question in this Part VI										. F	7
---	--	--	--	--	--	--	--	--	--	-----	---

Se	ction 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	Yes	
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		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	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	Yes	
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		No
	ection B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
h	Describe in Schedule O the process, if any, used by the organization to review this Form 990	114	165	
	Describe in Schedule of the process, if any, used by the organization to review this Form 750			
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	
С	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		Νo
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	Yes	
	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
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 the organization ► ERICA OTTEN 3911 TURNAGAIN BLVD NO E

ANCHORAGE, AK 99517 (907) 248-2250

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

- 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

(A) Name and Tıtle	(B) Average hours	Posi t	tion (that a	che		II		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per 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)	from the organization and related organizations
(1) JANE ANGVIK BOARD CHAIR	3 00	Х		х				0	0	0
(2) BETH NORDLUND 1ST VICE CHAIR	1 00	Х		х				0	0	0
(3) DR RY RAZ WOODHOUSE 2ND VICE CHAIR	1 00	Х		х				0	0	0
(4) MARY SIROKY SECRETARY	1 00	х		Х				0	0	0
(5) MONICA JAMES TREASURER	1 00	Х		х				0	0	0
(6) ANNA BRYANT BOARD MEMBER AT LARGE	50	Х						0	0	0
(7) SUSAN COX BOARD MEMBER AT LARGE	50	Х						0	0	0
(8) BEVERLY CUTLER BOARD MEMBER AT LARGE	50	Х						0	0	0
(9) LINDA FREED BOARD MEMBER AT LARGE	50	Х						0	0	0
(10) SUE GAMACHE BOARD MEMBER AT LARGE	50	х						0	0	0
(11) KAREN JORDAN BOARD MEMBER AT LARGE	50	х						0	0	0
(12) MARY KILLORIN BOARD MEMBER AT LARGE	50	Х						0	0	0
(13) SARAH LEWIS BOARD MEMBER AT LARGE	50	Х						0	0	0
(14) MARGARET PUGH BOARD MEMBER AT LARGE	50	Х						0	0	0
(15) WENDY REDMAN BOARD MEMBER AT LARGE	50	Х						0	0	0
(16) MARY SATTLER BOARD MEMBER AT LARGE	50	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 ((che		II		(D) Reportable compensation from the	(E) Reportable compensation from related	amou	(F) timate nt of e	other
	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)	fr organ r	om th	e n and I
(17) LYNDA ZAUGG BOARD MEMBER AT LARGE	50	х						0	•			0
(18) MARGE STONEKING CEO	40 00			Х				95,003				23,659
(19) ERICA OTTEN DIRECTOR OF FINANCE & OPERATIONS	40 00			Х				65,000	1			10,008
(20) SALLY ARCHER CHIEF DEVELOPMENT OFFICER	40 00			х				0	1			0
1b Sub-Total							<u> </u>					
c Total from continuation sheets t	o Part VII. Sec			<u>.</u>	<u>.</u>	· ·						
d Total (add lines 1b and 1c) .							F	160,003	0		3	3,667
Total number of individuals (inclu \$100,000 in reportable compens					ed a	above)) who	received more tha	n			
										Y	es	No
3 Did the organization list any form on line 1a? <i>If</i> "Yes," complete Sch						mploy •	ee, o	r highest compens:	ated employee	3		No
4 For any individual listed on line 1 organization and related organization and related organization.												
5 Did any person listed on line 1a	receive or accri	e comn	• ensa	tion	fron	n anvi	• unrel	ated organization o	r individual for	4		No
services rendered to the organiza										5		No
Section B. Independent Cont	tractors											
1 Complete this table for your five	hıghest comper		ndepe	ende	nt c	ontrac	tors	that received more	than			
\$100,000 of compensation from	the organizatio (A)	n						<u> </u>	(B)		(C)	
Nam	ne and business add	dress						Descr	iption of services	Cor	npensa	ition
2 Total number of independent contr	eactors (includin	a but s	at lum	utod	to t	hocol	listo	d abovo) who recess	and more than			

	90 (2010)			P	age 9
Part	Statement of Revenue	f	(B) Related or exempt function	(C) Unrelated business revenue	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a 93,478 b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e 22,479 f All other contributions, gifts, grants, and similar amounts not included above 121,721 g Noncash contributions included in lines 1a-1f \$ 1,487 h Total. Add lines 1a-1f	237,678			314
Program Service Revenue	Business Code PROGRAM FEES 900099 c d e f All other program service revenue g Total. Add lines 2a-2f	413,965	413,965		
<u>*</u>	3 Investment income (including dividends, interest and other similar amounts)	46,002 30,014			46,002
Φ	Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)	1,197			1,197
Other Revenue	(not including \$	1,398,112 28,498 22,015	1,398,112		28,498
	12 Total revenue. See Instructions	2,177,481	1,812,077	0 orm 990 (2	

	990 (2010)				Page 10
Pari	Statement of Functional Expenses		•		
Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations mus ll other organizations must complete column (A) but are not required to c			(D)	
Do no	ot include amounts reported on lines 6b, p, 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	182,178	182,178		
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	245,503	92,130	68,105	85,268
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	903,059	835,499	36,581	30,979
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	39,446	39,198	245	3
9	Other employee benefits	186,842	170,383	11,653	4,806
10	Payroll taxes	83,511	69,813	6,244	7,454
a	Fees for services (non-employees) Management	33,311	03,013	9,211	7,151
b	Legal				
c	Accounting	15,774		15,774	
d	Lobbying	15,,,,		13,771	
e	Professional fundraising services See Part IV, line 17				_
f	Investment management fees				
g	Other	15,594	11,202	2,043	2,349
12	Advertising and promotion	13,334	11,202	2,043	2,3+3
13	Office expenses	270,697	233,397	10,100	27,200
14	Information technology	23,055	 		4,090
15	Royalties	23,033	13,082	3,663	4,090
		100 550	100 110	2.770	2.662
16	Occupancy	106,559	100,118	3,779	2,662
17 18	Payments of travel or entertainment expenses for any federal,				
19	state, or local public officials	150 706	127.750	14.046	6.001
20	Interest	158,796	137,759	14,046	6,991
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	68,990	62,632	2,037	4,321
23	Insurance	61,126	49,182	7,939	4,005
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)	01,120	49,102	7,939	4,003
a	MISCELLANEOUS	39,456	25,948	12,592	916
b	BAD DEBT	14,335	7,450	0	6,885
С					· ·
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,414,921	2,031,971	195,021	187,929
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				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			43,359	1	71,452
	2	Savings and temporary cash investments			687,061	2	372,619
	3	Pledges and grants receivable, net	92,269	3	74,337		
	4	Accounts receivable, net	24,338	4	29,533		
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of					
		Schedule L		5			
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$, and contributing ersponsoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions)	rs, and				
ets		Schedule L				6	
ssets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use			64,373	8	103,569
	9	Prepaid expenses and deferred charges			26,080	9	31,331
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	1,989,879			
	Ь	Less accumulated depreciation	10b	1,021,086	976,659	10 c	968,793
	11	Investments—publicly traded securities			1,104,204	11	1,099,145
	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		•	653	15	7,565
	16	Total assets. Add lines 1 through 15 (must equal line 34)			3,018,996	16	2,758,344
	17	Accounts payable and accrued expenses .			134,209	17	114,674
	18	Grants payable				18	
	19	Deferred revenue				19	1,735
	20	Tax-exempt bond liabilities				20	
eS.	21	Escrow or custodial account liability Complete Part IV of Schedule	eD.	•		21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lia		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties		•		23	_
	24	Unsecured notes and loans payable to unrelated third parties				24	_
	25	Other liabilities Complete Part X of Schedule D			20,079	25	44,622
	26	Total liabilities. Add lines 17 through 25			154,288	26	161,031
ės		Organizations that follow SFAS 117, check here ▶ and comp through 29, and lines 33 and 34.	lete lir	nes 27			
Fund Balances	27	Unrestricted net assets			2,701,545	27	2,467,367
<u> </u>	28	Temporarily restricted net assets	84,567	28	51,350		
=	29	Permanently restricted net assets	78,596	29	78,596		
5		Organizations that do not follow SFAS 117, check here ► □ an	d com	olete			
O.		lines 30 through 34.					
	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 fu	nds			32	
Net	33	Total net assets or fund balances			2,864,708	33	2,597,313
Z	34	Total liabilities and net assets/fund balances			3,018,996	34	2,758,344
	1				I		

Pal	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		2,1	177,48
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,414,92		
3	Revenue less expenses Subtract line 2 from line 1	3		-2	237,44
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,8	364,70
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-	-29,95
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		2,5	597,31
Par	The contains a response to any question in this Part XII		•	৮	1
1	Accounting method used to prepare the Form 990			Yes	No
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 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		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	sued			
	Separate basis Consolidated basis Both consolidated and separated 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?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493228041382

Employer identification number

92-6000179

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Name of the organization GIRL SCOUTS OF ALASKA

Department of the Treasury Internal Revenue Service

h

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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) and (III) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organizati col (i) list your gove docume	Is the organization in col (i) listed in your governing document?		Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		e on in anized S ?	(vii) A mount of support
		instructions))	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 Fait III. II the	organization i	alis to quality u	iluei ille iesis il	sted below, pie	ase co	ilipiete r	art III.)
	ection A. Public Support							
Cal	endar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) ⊤otal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	347,744	301,832	460,242	271,741		270,895	1,652,454
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							
4	the organization without charge Total. Add lines 1 through 3	347,744	301,832	460,242	271,741		270,895	1,652,454
5	The portion of total contributions by each person (other than a governmental unit or publicly							54,888
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							34,000
6	Public Support. Subtract line 5 from line 4	1						1,597,566
	ection B. Total Support							
Cal	endar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	010	(f) Total
7	A mounts from line 4	347,744	301,832	460,242	271,741		270,895	1,652,454
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	80,009	90,102	51,305	47,501		76,016	344,933
9	sources Net income from unrelated business activities, whether or not the business is regularly							
10	carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part							
11	IV) Total support (Add lines 7 through 10)							1,997,387
12	Gross receipts from related activiti	es, etc (See insti	ructions)	<u> </u>	I	12		
13	First Five Years If the Form 990 is check this box and stop here	for the organization	on's first, second,	thırd, fourth, or fif	th tax year as a !			ation,
	ection C. Computation of Pub							
14 15	Public Support Percentage for 2010 Public Support Percentage for 2009			l 1 column (f))		14 15		79 980 %
	33 1/3% support test—2010. If the			on line 13, and li	ne 14 ıs 33 1/3%		L e, check tl	
b	and stop here. The organization qua 33 1/3% support test—2009. If the box and stop here. The organization	alifies as a publicl organization did n qualifies as a pu	y supported orgar not check the box blicly supported (nization on line 13 or 16a organization	a, and line 15 is 3	3 1/3%	or more,	► ✓
17a	10%-facts-and-circumstances test- is 10% or more, and if the organiza in Part IV how the organization mee organization	tion meets the "fa	acts and circumst	ances" test, chec	k this box and st e	op here.	Explain	ed ▶ ┌
b	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza	nization meets the	facts and circui	nstances" test, c	heck this box and	stop he	ere.	_
18	supported organization Private Foundation If the organizat instructions	ion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this l	oox and	see	►□

organization

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 Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 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 IV) 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 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 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

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).

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493228041382

Cat No 52283D Schedule D (Form 990) 2010

OMB No 1545-0047

Department of the Treasury

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ema	al Revenue Service	► Attach to Fe	orm 990. ► See separate i	nst ruct ions.		Inspect	tion
	me of the organi				Employer identifica	tion numbe	er
GIR	RL SCOUTS OF ALASK	A			92-6000179		
Pa		izations Maintaining Donor Ac		er Similar Fu	<u> </u>	. Complet	te if the
	organız	ation answered "Yes" to Form 99					
			(a) Donor advise	d funds	(b) Funds and o	ther accou	nts
•	Total number at	,					
<u>'</u>	33 3	ributions to (during year)					
		ts from (during year)					
	Aggregate value	·					
•		ation inform all donors and donor advi rganization's property, subject to the			r advised	☐ Yes	┌ No
i	used only for cl	ation inform all grantees, donors, and haritable purposes and not for the ben ermissible private benefit				┌ Yes	┌ No
Рa	rt III Consei	rvation Easements. Complete	ıf the organization ans	wered "Yes" to	Form 990, Part IV	, line 7.	
	Purpose(s) of c	onservation easements held by the o	rganızatıon (check all that	apply)			
	☐ Preservati	on of land for public use (e g , recreati	•		, ,	•	a
	☐ Protection	of natural habitat	┌ Pr	eservation of a ce	ertified historic struc	ture	
	Preservati	on of open space					
2		2a–2d if the organization held a quali ne last day of the tax year	fied conservation contrib	ution in the form o	of a conservation		
					Held at the	End of the	Year
а		f conservation easements			2a		
b		restricted by conservation easements			2b		
C		servation easements on a certified his		n (a)	2c		
d	Number of cons	servation easements included in (c) a	cquired after 8/17/06	L	2d		
3	Number of cons	servation easements modified, transfe	rred, released, extinguish	ied, or terminated	by the organization	during	
	the taxable yea	ar -					
ŀ	Number of state	es where property subject to conserva	ation easement is located	>	_		
;	_	nization have a written policy regarding the conservation easements it holds	= -	ınspection, handl	ing of violations, and	┌ Yes	┌ No
•	Staff and volun	teer hours devoted to monitoring, insp	pecting and enforcing cons	servation easeme	nts during the year 🕨	-	
•	A mount of expe	enses incurred in monitoring, inspecti	ng, and enforcing conserv	atıon easements	during the year ► \$ _		
3		servation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the requ	urements of sect	ion	┌ Yes	┌ No
)	balance sheet,	scribe how the organization reports co and include, if applicable, the text of t n's accounting for conservation easen	the footnote to the organiz				
ar		izations Maintaining Collection to the collection is a second collection and the collection and the collection and the collection and the collection is a second collection and the collection and the collection is a second collection and the collection are collection			r Other Similar	Assets.	
.a	art, historical t	cion elected, as permitted under SFAS reasures, or other similar assets held : XIV, the text of the footnote to its fin	for public exhibition, educ	cation or research	n in furtherance of pu		е,
b	historical treas	tion elected, as permitted under SFAS ures, or other similar assets held for j owing amounts relating to these items	public exhibition, education				
	(i) Revenues ir	ncluded in Form 990, Part VIII, line 1			► \$		
	(ii) Assets incl	uded in Form 990, Part X					
<u>.</u>	If the organizat	ion received or held works of art, histo					
	rollowing amout	nts required to be reported under SFA	> 110 Leigting to these it	ems			

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	Tit Organizations Maintaining Co	llections of Art	, His	storic	<u>al Tre</u>	easu	res, or O	her	Similar Ass	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	records, check an	y of th		-		_		se of its collection	on	
а	Public exhibition		d	Γ	Loan oi	rexch	nange progra	ams			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	llections and expla	un hov	wthev	further	the o	rganization'	s ex	empt purpose in		
	Part XIV										
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	□ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Compl	ete ıf	the o	rganız	atıon					<u>.</u>
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						r other asse	ets n	ot	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the	follow	wing tal	ole		_				
							<u> </u>		Amo	ount	
С	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, lin	e 21?	>					Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV										
Pai	rt V Endowment Funds. Complete	f the organizatio	n ans	swered	d "Yes	" to F	orm 990,	Parl	IV, line 10.		
		(a)Current Year	(b	Prior Ye		(c) Tw	o Years Back	(d)⊺	hree Years Back ((e) Four `	Years Back
1a	Beginning of year balance	78,596			78,596		0				
b	Contributions										
C	Investment earnings or losses	826			9,668						
d	Grants or scholarships										
e	Other expenditures for facilities and programs	826			9,668						
f	Administrative expenses										
g	End of year balance	78,596			78,596						
2	Provide the estimated percentage of the yea	r end balance held	as		•				•		
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment • 100 000 %										
c 3a	Term endowment ► Are there endowment funds not in the posses	ssion of the organiz	ation	that ar	e held :	and a	dministered	for t	-he		
Ju	organization by	ston of the organiz	acion	chac ar	C IICIG	ana a	ammistered	101 (Yes	No
	(i) unrelated organizations								3a(i)		No
	(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. S	See Fo	rm 99	0, Pa	rt X, line	10.			
	Description of investment				Cost or c (investn		(b) Cost or o basıs (othe		(c) Accumulated depreciation	(d) E	Book value
1a	Land				8	1,247	243	,480			324,727
Ь	Buildings				24	5,883	1,128	,308	841,95	4	532,237
c I	Leasehold improvements						·				<u> </u>
d I	Equipment						249	,053	140,66	3	108,390
	Othor							,908	38,46	+	3,439
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>), line 1	(0(c).)			<u> </u>	•	1	968,793
	, , , , , , , , , , , , , , , , , , , ,	. ,	. ,		. , ,				Schedule D	(Form (

Investments—Other Securities. See	orm 990, Part X, line 12		
(a) Description of security or category	(b)Book value	(c) Method of	
(including name of security)	(2)20011 10100	Cost or end-of-ye	ar market value
(1)Financial derivatives			
(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	Form 990. Part X. line	13.	
		(c) Method of	valuation
(a) Description of investment type	(b) Book value	Cost or end-of-ye	ar market value
		Cost of the or ye	manifet value
Total (Column (h) should agual Form 990, Part V, sol (P) Inn. 12.)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
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Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
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Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:	e 15. tion 5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (b) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	e 15. tion 5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, line (a) Descrip	e 15. tion 5.) , line 25.		(b) Book value
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	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount		(b) Book value
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	e 15. tion 5.) , line 25.		(b) Book value
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount		(b) Book value
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount		(b) Book value

Par	t XII Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	าts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,177,481
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,414,921
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-237,440
4	Net unrealized gains (losses) on investments	4	-29,955
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	-29,955
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-267,395
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	
1	Total revenue, gains, and other support per audited financial statements	1	2,174,249
2	Amounts 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) 2d		
e	Add lines 2a through 2d	2e	-3,232
3	Subtract line 2e from line 1	3	2,177,481
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)	ı	
С	Add lines 4a and 4b	4 c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,177,481
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	2,441,644
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	26,723
3	Subtract line 2e from line 1	3	2,414,921
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)	[
C	Add lines 4a and 4b	4 c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,414,921
Par	t XIV Supplemental Information		
C 0 ==	aplete this part to provide the descriptions required for Dart II, lines 2, E, and 0, Dart III, lines 1, and 4, Di	ort 117	lines 1 h and 2 h

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 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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS		THE PERMANENT ENDOWMENT FUNDS CONSIST OF 4 SEPARATE GIFTS TO BE USED TO BENEFIT GIRLS OF THE GASTINEAU CHANNEL REGION, FOR SCHOLARSHIPS TO GIRL SCOUT CAMPS, FOR SCHOLARSHIPS FOR NATIONAL GIRL SCOUT PROGRAMS, AND FOR FUNDING FOR ADULT EDUCATION OPPORTUNITIES

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Schedule I

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. ► Attach to Form 990

OMB No 1545-0047

DLN: 93493228041382

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

Employer identification number

IRL SCOUTS OF ALASKA						92-6000179	
Part I General Information	n on Grants and	l Assistance				•	
Does the organization maintain the selection criteria used to av Describe in Part IV the organiza	vard the grants or as:	sıstance?			the grants or assist	ance, and	▽ Yes □
Part II Grants and Other A Form 990, Part IV, lin duplicated if additional	e 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
2 Enter total number of section 50 Benter total number of other organical number of other other organical number of other		_					

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
(1) MEMBERSHIP FEE ASSISTANCE	2792	33,504			
(2) PROGRAM ASSISTANCE	1369	47,285			
(3) CAMP ASSISTANCE	655	101,389			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 MEMBERSHIP FEE ASSISTANCE IS FINANCIAL ASSISTANCE FOR GIRL SCOUT
MONITORING GRANTS		MEMBERSHIP DUES FUNDS ARE NOT GIVEN TO MEMBERS THE AMOUNT OF THE MEMBERSHIP DUES OWED BY THE
IN THE U S		MEMBER IS EITHER DISCOUNTED OR RELIEVED THEREFORE, MONITORING OF GRANT FUNDS IS NOT NECESSARY
		FOR MEMBERSHIP FEE ASSISTANCE THE MEMBERS' ACCOUNTS ARE UPDATED WITH A DISCOUNT OR RELIEF OF
		THE FEE PROGRAM ASSISTANCE IS FINANCIAL ASSISTANCE FOR PROGRAM/EVENT FEES LIKE MEMBERSHIP
		ASSISTANCE, FUNDS ARE NOT GIVEN TO MEMBERS THE AMOUNT OF THE PROGRAM FEE IS EITHER DISCOUNTED
		OR RELIEVED THEREFORE, MONITORING OF GRANT FUNDS IS NOT NECESSARY FOR PROGRAM ASSISTANCE
		CAMP ASSISTANCE IS FINANCIAL ASSISTANCE FOR CAMP FEES LIKE MEMBERSHIP AND PROGRAM ASSISTANCE,
		FUNDS ARE NOT GIVEN TO MEMBERS THE AMOUNT OF THE CAMP FEE IS EITHER DISCOUNTED OR RELIEVED
		THEREFORE, MONITORING OF GRANT FUNDS IS NOT NECESSARY FOR CAMP ASSISTANCE

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As Filed Data -

DLN: 93493228041382

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization GIRL SCOUTS OF ALASKA **Employer identification number**

92-6000179

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		BOARD MEMBER MARGARET PUGH IS BOARD MEMBER BETH NORDLUND'S MOTHER

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		A COPY OF THE 990 IS EMAILED TO BOARD MEMBERS FOR THEIR REVIEW PRIOR TO FILING THE BOARD AND AUDIT COMMITTEE HAVE THE OPPORTUNITY TO REVIEW AND COMMENT ON THE FORM 990 VIA EMAIL PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	EACH MEMBER OF THE BOARD OF DIRECTORS, OFFICER, AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST POLICY STATEMENT ANNUALLY BOARD MEMBERS AND KEY EMPLOYEES SHALL ADVISE THE BOARD CHAIR IN WRITING OF ANY POTENTIAL CONFLICTS OF INTEREST WHICH ARISE AFTER SIGNING THE AGREEMENT WHEN ANY SUCH CONFLICT OF INTEREST IS RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD, THE INTERESTED PERSON SHALL CALL IT TO THE ATTENTION OF THE BOARD CHAIR, AND SUCH PERSON SHALL NOT VOTE ON THE MATTER MOREOVER, THE PERSON HAVING THE CONFLICT SHALL LEAVE THE ROOM IN WHICH THE MEETING IS HELD AND NOT PARTICIPATE IN THE FINAL DELIBERATIONS OR DECISION REGARDING THE MATTER UNDER CONSIDERATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	15A CEO COMPENSATION IS SUBJECT TO BOARD APPROVAL THE BOARD REVIEWS SURVEYS OF COMPARABLE COMPENSATION FOR COMPARABLE QUALIFICATIONS, COMPARABLE POSITIONS, AND COMPARABLE ORGANIZATIONS TO HELP DETERMINE CEO COMPENSATION ANNUAL CEO PERFORMANCE REVIEWS ARE DOCUMENTED AND CONSIDERED BY THE BOARD WHEN APPROVING COMPENSATION 15B OTHER OFFICERS AND KEY EMPLOYEE COMPENSATION DECISIONS ARE BASED ON DOCUMENTED ANNUAL PERFORMANCE EVALUATIONS, SUPERVISOR RECOMMENDATIONS, SURVEYS OF COMPARABLE COMPENSATION, AND BUDGET EXPECTATIONS WHICH ARE APPROVED BY THE BOARD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -29,955

ldentifier	Return Reference	Explanation
AUDIT OVERSIGHT	FORM 990 PART XII LINE 12C	THERE HAS BEEN NO CHANGE IN THE PROCESS FROM THE PRIOR YEAR