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Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

A F	or the	2014 calendar year, or tax year beginning OCT 1, 2014 and e	nding S	EP 30, 2015	
B c	heck (f pplicable	C Name of organization		D Employer identific	ation number
Γ	Address	GIRL SCOUTS OF ALASKA			
Ē	Name change	Doing business as		92-60	00179
	Initia! return		Room/suite/	E Telephone number	
	Final return/	3911 TURNAGAIN BLVD		(907)	248-2250
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,698,811.	
	Amende		H(a) Is this a group re		
	Applica	F Name and address of principal officer SUE PERLES		for subordinates	Yes X No
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
1.7	ax-exe	mpt status X 501(c)(3) 501(c)()	527	If "No," attach a	ist (see instructions)
J۷	Vebsite	E ► WWW.GIRLSCOUTSALASKA.ORG		H(c) Group exemption	number >
K F	orm of o	organization: X Corporation Trust Association Other	L Year	of formation: 1951 M	State of legal domicile AK
Pa	rt I	Summary	_		
a	1 E	Briefly describe the organization's mission or most significant activities GIRL	SCOUT	S BUILDS GI	RLS OF
n	9	COURAGE, CONFIDENCE, AND CHARACTER WHO MA	KE TH	E WORLD A BI	ETTER
Activities & Governance	2 (Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets
ŏ	3 1	lumber of voting members of the governing body (Part VI, line 1a)		3	16
<u>ග</u>	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)		4	<u> </u>
es	5 T	otal number of individuals employed in calendar year 2014 (Part V, line 2a)		5	<u>78</u>
Λţ		otal number of volunteers (estimate if necessary)		6	1500
\ct	7 a ⊺	otal unrelated business revenue from Part VIII, column (Q) line 12 1/1	7).	7a	0.
		let unrelated business taxable income from Form 990 +, line-34	· I	7b	0.
<u>u</u>				Prior Year	Current Year
	8 (Contributions and grants (Part VIII, line 1h) $\mathbb{R} \mathbb{R} \mathbb{R} \mathbb{R} \mathbb{R} \mathbb{R} \mathbb{R} \mathbb{R} $	Y	1,380,209.	660,331.
enc		Program service revenue (Part VIII, line 2g)	!. <u> </u>	376,944.	416,049.
Revenue	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 70)	¥	81,137.	115,312.
щ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c , 9c, 10c, and T.e).		1,313,153.	1,531,010.
	12 7	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,151,443.	2,722,702.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		114,825.	108,266.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,381,864.	1,390,282.
ens	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	200.
Expenses	l	otal fundraising expenses (Part IX, column (D), line 25) 205, 53	4.		
ш	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		881,805.	968,729.
	l	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	2,378,494.	2,467,477.
· s		Revenue less expenses Subtract line 18 from line 12		772,949.	<u>255,225.</u>
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
Sse	20 1	otal assets (Part X, line 16)		6,206,101.	6,105,368.
nd A	21	otal liabilities (Part X, line 26)	_	374,360.	165,432.
		Net assets or fund balances Subtract line 21 from line 20		5,831,741.	5,939,936.
٠	ırt II	Signature Block			. Landada and balatata
		ties of perjury, I declare that I have examined this return, including accompanying schedules			knowleage and belief, it is
true,	correct	, and complete Declaration of preparer (other than officer) is based on all information of whi	cn preparer	nas any knowledge	717
٥.		Signature of officer		Date	/16
Sig		Elica Otten cfo		Dato	
Her	e	Type or print name and title	·		
		Print/Type preparer's name Preparer's significant	<u>.</u>	Date / Check	TI PTIN
Paid		CINDY L. HULQUIST, CPA WILL OF STORAGE	PA	Olulia II	
		Firm's name THOMAS, HEAD & GREISEN, PO		Firm's EIN	92-0043874
	. 1	Firm's address 1400 WEST BENSON BLVD., 400		FIIIISEIN	<u> </u>
230	····,	ANCHORAGE, AK 99503-3683		Phone no (9)	07)272-1571
		1H(C11O1U1OH), 1H(),3003 3003			0,,0,0 10,1

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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

Form **990** (2014)

X Yes No

OSEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

432002 11-07-14

4e

4a

) (Revenue \$

including grants of \$

2,049,938.

Total program service expenses

Form **990** (2014)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		7,	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	_X_	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Ha	Λ	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		- 11
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	1.0		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a_	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1,,
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.0	_v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
00-	complete Schedule G, Part III	19	-	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	 	<u> </u>
U	11 165 to mile 200, one trie organization attach a copy of its addition infancial statements to this feturity		990	(2014)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
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 through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	_30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701 2 and 301 7701·3? If "Yes," complete Schedule R, Part I	33		_X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2014)

GIRL SCOUTS OF ALASKA 92-6000179 Page 5 Form 990 (2014) Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No Yes 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1h Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 78 filed for the calendar year ending with or within the year covered by this return 2a Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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)? X 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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 X any contributions that were not tax deductible as charitable contributions? 6a 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). a 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 Х 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 Х to file Form 8282? 7c 7d d If "Yes," indicate the number of Forms 8282 filed during the year Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b 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 13b

Form 990 (2014)

14a

14b

X

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13c

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

	Check if Schedule O contains a response or note to any line in this Part VI					<u>X</u>
Sec	tion A. Governing Body and Management					
		1 .	1 10		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16			
	If there are material differences in voting rights among members of the governing body, or if the governing			:		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		1.0	<u> </u>		
ь	Enter the number of voting members included in line 1a, above, who are independent	1b	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	iip with	any otner			7.7
_	officer, director, trustee, or key employee?	11		2		X
3	Did the organization delegate control over management duties customarily performed by or under t	ne aire	et supervision			v
	of officers, directors, or trustees, or key employees to a management company or other person?	000	- 61-40	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form		is filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's at	ssets7		5		X
6	Did the organization have members or stockholders?			6_		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	one or			v
	more members of the governing body?	- 4 1 4-	- Lalana - a -	7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockn	olders, or			37
_	persons other than the governing body?			7b	-	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by tr	e following:	_	3.7	
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	acned	at the	_		37
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		- 0 - 1 - 1	9		<u>x</u> _
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal i	revenu	e Code)		V	
10-	Did the expenses have lead chapters branches or effiliates?			400	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?	abantau	a affiliated	_10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such and branches to apply their operations are applyed by the property of the process of	cnapter	s, aniilates,	406		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	du bofo	ro filing the form?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing be Describe in Schedule O the process, if any, used by the organization to review this Form 990	uy beic	are ming the form?	11a		
b 120	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	х	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	on to cor	flicte?	12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If *			120	Λ	
С	in Schedule O how this was done	703, U	CSCIDE	12c	X	
13	Did the organization have a written whistleblower policy?			13	X	_
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and appro	val hv u	ndenendent	14	21	
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	•	паеренает			
_	The organization's CEO, Executive Director, or top management official	•		150	X	
a h	Other officers or key employees of the organization			15a 15b	X	
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			130	41	
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a			
·va	taxable entity during the year?	omont (riai a	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	iate its i	narticination	100		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org		•			
	exempt status with respect to such arrangements?	ur nzunc	3	16b		
Sec	tion C. Disclosure			100		'
17	List the states with which a copy of this Form 990 is required to be filed ►AK					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Sec	tion 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply	. ,200	. == : (+)(=)0 0))		-	
	Own website Another's website X Upon request Other (expla	ın ın Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or		•	d finan	cıal	
	statements available to the public during the tax year	J			J. 1	
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks a	nd records			
	ERICA OTTEN, CFO - (907) 273-0311			-		
	3911 TURNAGAIN BLVD, SUITE E, ANCHORAGE, AK 9951	7				
43200	5 11-07-14			Form	990	(2014)

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See 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 organiz		orga I	ınıza			nper	nsat			/F:
(A)	(B))) Pos	C) Ition	ı		(D)	(E)	(F)
Name and Title	Average hours per		not c	heck	more	than o		Reportable compensation	Reportable compensation	Estimated amount of
	week					r/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire	a,		ļ	ted		organization	(W-2/1099-MISC)	from the
	related	stee o	ruste			ensa		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		ploye	comi se				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former			organizations
(1) SUE PERLES	40.00	Ē	프	<u>,</u>	×	호등	8			
CEO	40.00			х				105,526.	0.	4,082.
(2) ERICA OTTEN	40.00							203/3200	<u> </u>	270020
CFO				Х				49,044.	0.	7,055.
(3) MARY SIROKY	1.00									-
BOARD CHAIR		Х		Х				0.	0.	0.
(4) LYNDA ZAUGG	1.00									
FIRST VICE CHAIR		X		X				0.	0.	0.
(5) BETH NORDLUND	1.00									_
SECOND VICE CHAIR		Х		X				0.	0.	0.
(6) ALLISON MENDEL	1.00								_	_
SECRETARY		X		X			_	0.	0.	0.
(7) ANNA BRYANT	1.00									_
TREASURER		X		X	_			0.	0.	0.
(8) TAMMY ASHLEY	0.50	∤								
BOARD MEMBER AT LARGE	2.50	X		_	┡			0.	0.	0.
(9) ELAINE BROWN	0.50								•	
BOARD MEMBER AT LARGE		X		_			<u> </u>	0.	0.	0.
(10) PADDY COAN	0.50	.,							0	
BOARD MEMBER AT LARGE		X			├	-		0.	0.	0.
(11) BEVERLY CUTLER	0.50	.,								
BOARD MEMBER AT LARGE	0.50	X	├	-		├	┝	0.	0.	0.
(12) LAURIE EVANS-DINNEEN	0.50	x			l			0.	0.	0.
BOARD MEMBER AT LARGE	0.50	_				┢╾	-	U •	0.	
(13) KITTY FARNHAM	0.50	x						0.	0.	0.
BOARD MEMBER AT LARGE	0.50	┢	-				┢		0.	· .
(14) CATHY LECOMPTE	0.30	X						0.	0.	0.
BOARD MEMBER AT LARGE	0.50	┢	\vdash		-	├		<u> </u>	0.	<u> </u>
(15) CHERI MARSTON	0.50	X		l				0.	0.	0.
BOARD MEMBER AT LARGE (16) CORI MILLS	0.50	<u> </u>			1	1			.	
BOARD MEMBER AT LARGE	0.30	X						0.	0.	0.
(17) LYNNE SEVILLE	0.50	 ^ `	 	1	1	\vdash	\vdash	1	·	•
BOARD MEMBER AT LARGE	0.50	x						0.	0.	o.
432007 11-07-14			•						<u> </u>	Form 990 (2014

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Name and business address NONE

Description of services

Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2014)

\$100,000 of compensation from the organization

		Check if Schedule O cont.	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a	87,729.				
iran		Membership dues	1b					
ا آ		Fundraising events	1c	22,378.				
i i		Related organizations	1d					
S, E		Government grants (contribut		18,535.				
ëë		All other contributions, gifts, gran		10,333.				
돌칠	•	similar amounts not included abo		531,689.				
ğŏ	~			21,567.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines Total. Add lines 1a-1f	1a-1f \$	21,567	660 331.			
<u> </u>		Total, Add lines 1a-11		Business Code	000,331,			
a l	2 2	DROCHAM EREC		519130	416 040	416,049.		
ķ		PROGRAM FEES		319130	416,049.	410,049.		
Ser	b							
Program Service Revenue	C		•					
	d							
	e							
		All other program service reve	enue					
		Total. Add lines 2a-2f			416 049.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶	121,812.			121,812.
	4	Income from investment of ta	x-exempt bond p	roceeds 🕨		-		
	5	Royalties		•				
			(ı) Real	(II) Personal				ľ
	6 a	Gross rents	15,500.					
	b	Less rental expenses	0.					
	c	: Rental income or (loss)	15,500.					
	d	Net rental income or (loss)		•	15,500.			15,500.
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	13,262.	4,500.				
	b	Less cost or other basis						
		and sales expenses	12,363.	11,899.				
	c	Gain or (loss)	899.	<7,399.	•			
	d	Net gain or (loss)		•	<6,500.	<7.399.	•	899.
as l		Gross income from fundraisin	g events (not		<u>.</u>			
une		including \$22	-					
e e		contributions reported on line						
Œ		Part IV, line 18	а	3.834.				
Other Reve	r	Less direct expenses	b	4,792.				
δ		Net income or (loss) from fund		<u> </u>	<958.			<958.
		Gross income from gaming ac			2,20.			1,30.
		Part IV, line 19	а	l				
		Less direct expenses	b					
		Net income or (loss) from garr						
		Gross sales of inventory, less	•					
	10 a	and allowances						
			а	2,426,986.				
		Less cost of goods sold	b	947,055.				
		Net income or (loss) from sale		P	1,479,931.	1,479,931.		
		Miscellaneous Revenu	ie	Business Code				
	11 a	MISCELLANEOUS REVENUE		900099	36,537.	27,165.		9,372.
	t	·						
	(·	 _					
	c	d All other revenue			 			
	6	Total. Add lines 11a-11d		▶	36,537,			
	12	Total revenue See instructions.		>	2,722,702.	1,915,746,		146 625.
43200 11-07	9 - 14							Form 990 (2014)

Form 990 (2014) GIRL SCOUTS OF ALASKA Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			(C)	(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	(D) Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic	400.055			
	individuals See Part IV, line 22	108,266.	108,266.		
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			ļ	
	individuals See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	100 200	144 202	16 550	10 E20
	trustees, and key employees	180,298.	144,202.	16,558.	19,538
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
	Other salaries and wages	879,126.	703,121.	80,736.	95,269
	Pension plan accruals and contributions (include	0/9,120.	703,121.	00,730.	33,203
	section 401(k) and 403(b) employer contributions)	72,014.	57,824.	7,427.	6,763
	Other employee benefits	177,434.	142,470.	18,299.	16,665
	Payroll taxes	81,410.	65,368.	8,396.	7,646
	Fees for services (non-employees)		03/000	0,0500	7 7 0 2 0
	Management				
	Legal				
	Accounting	21,181.	14,429.	5,470.	1,282
	Lobbying	/		3,2.03	
	Professional fundraising services. See Part IV, line 17	200.			200
	Investment management fees	13,262.		13,262.	
	Other (If line 11g amount exceeds 10% of line 25,	,			
-	column (A) amount, list line 11g expenses on Sch O.)	90,756.	61,518.	23,850.	5,388
12	Advertising and promotion	15,828.	13,946.	209.	1,673
13	Office expenses	308,394.	286,072.	4,623.	17,699
14	Information technology	5,160.	4,290.	353.	517
15	Royalties				
16	Occupancy	101,923.	92,433.	4,609.	4,881
17	Travel	109,346.	99,281.	8,279.	1,786
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	807.	738.	57.	12
20	Interest	3,579.	2,979.	421.	179
	Payments to affiliates	A 100 100 100 100 100 100 100 100 100 10			
	Depreciation, depletion, and amortization	157,911.	149,018.	3,513.	5,380
	Insurance	46,428.	38,266.	4,918.	3,244
	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	EQUIPMENT REPAIR AND MA	40,538.	31,428.	3,136.	5,974
	BANK AND CREDIT CARD FE	16,819.	13,998.	1,979.	842
	BAD DEBT EXPENSE	15,283.	6,240.		9,043
	TROOP EXPENSES	8,815.	7,336.	1,037.	442
	All other expenses	12,699.	6,715.	4,873.	1,111
	Total functional expenses Add lines 1 through 24e	2,467,477.	2,049,938.	212,005.	205,534
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here It following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	102,320.	1	134,947.
	2	Savings and temporary cash investments	162,508.	2	199,281
	3	Pledges and grants receivable, net	108,300.	3	55,519
1	4	Accounts receivable, net	2,199.	4	6,146
	5	Loans and other receivables from current and former officers, directors,			1
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
ĺ	6	Loans and other 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			
şţş		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventones for sale or use	83,832.	8	99,225
	9	Prepaid expenses and deferred charges	26,076.	9	24,280
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 5,612,199.			
	b	Less accumulated depreciation 10b 1,274,810.	983,860.		4,337,389 1,215,651
	11	Investments - publicly traded securities	1,376,527.	11	1,215,651
	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	3,360,479.	15	32,930
\dashv	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,206,101.	16	6,105,368
	17	Accounts payable and accrued expenses	342,641.	17	133,432
	18	Grants payable	06.000	18	04 600
	19	Deferred revenue	26,289.	19	24,690
- 1	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Lies	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons			
<u> </u>	00	Complete Part II of Schedule L	0.	22	2 220
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	U.	23	2,330
	2 4 25	Other liabilities (including federal income tax, payables to related third		24	
	20	parties, and other liabilities not included on lines 17-24) Complete Part X of			
ł		Schedule D	5,430.	25	4,980
1	26	Total liabilities. Add lines 17 through 25	374,360.	26	165,432
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	3/4,500.	20	100,402
ς l		complete lines 27 through 29, and lines 33 and 34.			
Net Assets or Fund Balances	27	Unrestricted net assets	5,660,042.	27	5,674,811.
퍨	28	Temporarily restricted net assets	93,103.	28	186,529
8	29	Permanently restricted net assets	78,596.	29	78,596
5	_	Organizations that do not follow SFAS 117 (ASC 958), check here ▶	707000		707050
, e		and complete lines 30 through 34.			
iş	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
۱ ۲	32	Retained earnings, endowment, accumulated income, or other funds		32	_
ž	33	Total net assets or fund balances	5,831,741.	33	5,939,936.
	34	Total liabilities and net assets/fund balances	6,206,101.	34	6,105,368.
			-,,	<u> </u>	Form 990 (2014)

Form **990** (2014)

_	GTD1 GG0000 00 11 000	• •				
	1990 (2014) GIRL SCOUTS OF ALASKA rt XI Reconciliation of Net Assets	92-	<u>-6000</u>	179	Pag	ge 12
га						
	Check if Schedule O contains a response or note to any line in this Part XI					X
	T. I		_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,72		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,46		
3	Revenue less expenses Subtract line 2 from line 1	3				<u> 25.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	,83		
5	Net unrealized gains (losses) on investments	5		<14	<u>7,2</u>	<u>13.</u> >
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			1	<u>83.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	5	,93	9,9	<u> 36.</u>
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	ł	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis				
	consolidated basis, or both		,			
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C)			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii					
	Act and OMB Circular A-133?	J		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		-	3b		
	, and the second	-		Form	990	2014)
					(

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SCHEDULE A (Form 990 or 990-EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014
Open to Public

. Inspection

Name of the organization

Employer identification number

		GIRL	SCOUTS OF	ALASKA				9	2-6000179
Pa	art I	Reason for Public (Charity Status (/	All organizations must co	omplete th	ıs part) Se	ee instructions		
The	organ	zation is not a private found	ation because it is (For lines 1 through 11, o	heck only	one box)			
1		A church, convention of ch		-	-		D(A)(i).		
2		A school described in secti					-76-767		
3	\Box	A hospital or a cooperative		·	ection 170	/b//1/A/ii	ii		
4	一	A medical research organization						iii) Entari	the beental's name
7		city, and state	ation operated in cor	njunction with a nospital	described	in Sectio	11 170(D)(1)(A)(iii). Liitei	ine nospital s name,
-			r the benefit of a co	llana ar unnuarartu auman	d ======				
5									
		section 170(b)(1)(A)(iv). (C	•						
6	믬	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	LXJ	An organization that norma	ily receives a substai	ntial part of its support f	rom a gov	emmental	unit or from th	e general	public described in
		section 170(b)(1)(A)(vi), (Co							
8	Щ	A community trust describe	d in section 170(b)((1)(A)(vı). (Complete Par	t II)				
9		An organization that normal	lly receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, membersh	nip fees, a	nd gross receipts from
		activities related to its exem	ipt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of it	ts support	from gross investment
		income and unrelated busin	iess taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the org	anization	after June 30, 1975
		See section 509(a)(2). (Cor	nplete Part III)						
10		An organization organized a	and operated exclusi	ively to test for public sa	fety See	section 50)9(a)(4).		
11		An organization organized a						rv out the	purposes of one or
		more publicly supported or			•			•	•
		lines 11a through 11d that	=						
а		Type I. A supporting orga	•			•		•	alvina
_		the supported organization		·	•				-
		organization You must c			a majority	or tire direc	otors or trastee	.5 01 1110 5	apporting
b		Type II. A supporting orga	-		tion with it	e eunnorte	ad organization	v(c) by bo	wp.a
			·				•		· ·
		control or management o			ame perso	ons mai co	ontrol or manag	je tne sup	ропеа
	_	organization(s) You mus	-						
С			•					y integrate	ed with,
	. —	its supported organization		•	-	-	•	_	
d	' _	☐ Type III non-functionally							
		that is not functionally int	egrated The organiz	cation generally must sat	tisfy a dist	ribution re	quirement and	an attenti	veness
		requirement (see instructi	ons) You must com	nplete Part IV, Sections	s A and D,	and Part	V.		
е		□ Check this box if the orga	inization received a v	written determination fro	m the IRS	that it is a	ı Type I, Type I	I, Type III	
		functionally integrated, or	Type III non-function	nally integrated support	ıng organı	zation			
f	Ente	er the number of supported o	organizations						
9		vide the following information							
	(i) Name of supported	(u) EIN		(IV) Is the o	rganization		1	(vi) Amount of
		organization		(described on lines 1-9 above or IRC section	governing		support (other support (see
				(see instructions))	Yes	No	Instruction	ons)	Instructions)
							<u>.</u>		
								_	

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						-
	membership fees received (Do not						
	ınclude any "unusual grants ")	237,678.	409,236.	2713460.	1380209.	660,331.	5400914.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						· · · · ·
4	Total. Add lines 1 through 3	237,678.	409,236.	2713460.	1380209.	660,331.	5400914.
5	The portion of total contributions						
	by each person (other than a				!		1
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						885,230.
6	Public support. Subtract line 5 from line 4						4515684.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	237,678.	409,236.	2713460.	1380209.	660,331.	5400914.
8	Gross income from interest,						
	dividends, payments received on						:
	secunties loans, rents, royalties		li:				
	and income from similar sources	76,016.	72,412.	87,932.	103,992.	137,312.	477,664.
9	Net income from unrelated business		-				
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain			-			
	or loss from the sale of capital						
	assets (Explain in Part VI)	50,513.	17,123.	30,415.	54,896.	36,538.	189,485.
11	Total support. Add lines 7 through 10				,		6068063.
	Gross receipts from related activities	etc (see instructi	ons)		•	12 13	,830,824.
	First five years. If the Form 990 is fo			d, fourth, or fifth ta	ax vear as a sectio		, ,
	organization, check this box and stop	-		,	,	(/, /	▶
Se	ction C. Computation of Publ		rcentage				
	Public support percentage for 2014 (column (f))	· · · · · · · · · · · · · · · · · · ·	14	74.42 %
	Public support percentage from 2013		•	`"		15	90.55 %
	a 33 1/3% support test - 2014. If the			n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	-				•	$\triangleright \mathbf{X}$
t	33 1/3% support test - 2013. If the		-		l line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qua						ightharpoons
17:	10% -facts-and-circumstances tes	, ,			e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			•	•	3	
	o 10% -facts-and-circumstances tes	Ū	•			17a, and line 15 is	10% or
	more, and if the organization meets t	-					
	organization meets the "facts-and-cir				•		▶□
18	Private foundation. If the organization		•	•			s •
			,				or 990-EZ) 2014
							•

432022 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 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
gualify under the tests listed below, places complete Part II.)

Section A. Public Support	iow, piedoc com	piete i dit ii j				
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the					1	
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge				İ		
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support				1		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	(a) 2010	(b) ZOTT	(6) 2012	(4) 2010	(6) 2014	(i) Total
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
` <u> </u>						
c Add lines 10a and 10b 11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is						
regularly carried on 12 Other income Do not include gain		-				
or loss from the sale of capital						
assets (Explain in Part VI)						
13 Total support (Add lines 9, 10c, 11, and 12)		1		J		<u> </u>
14 First five years. If the Form 990 is for	the organization	's first, second, thii	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here	a Cumpart De	reentees				<u> </u>
Section C. Computation of Public					11	
15 Public support percentage for 2014 (lin		•	column (f))		15	
16 Public support percentage from 2013					16	
Section D. Computation of Inves			-		T I	
17 Investment income percentage for 20	-	.,	ne 13, column (f))		17	
18 Investment income percentage from 2					18	
19a 33 1/3% support tests - 2014. If the	-					17 is not
more than 33 1/3%, check this box an	•	-		• • •		▶ L
b 33 1/3% support tests - 2013. If the	_					_
line 18 is not more than 33 1/3%, chec	k this box and s	stop here. The org	anızatıon qualıfıes	as a publicly supp	oorted organization	▶ <u>∟</u>
20 Private foundation. If the organization	i did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organiz	zations
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ec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
-	(b) and (c) below	3a		
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	<u> </u>		
~	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	- OD		
·	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
40	Was any supported organization not organized in the United States ("foreign supported organization")? If	30		
70	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	40		
_		4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	1		
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	1 415		
_	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			ŀ
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
ъa	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	1		
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
h	was accomplished (such as by amendment to the organizing document)	5a		<u> </u>
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	E h		
_		5b		
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
_	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent	_		
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
^-	If "Yes," complete Part I of Schedule L (Form 990)	8		
94	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	0.0		
L	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a_	 	
D	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			1
_	the supporting organization had an interest? If "Yes," provide detail in Part VI	9b	 	-
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	 	
ıua	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below	10a	├	-
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1	1	ı

determine whether the organization had excess business holdings)

	edule A (Form 990 or 990-EZ) 2014 GIRL SCOUTS OF ALASKA	0		92-6000179 Page 6
L	Type in item tunious and micegiated cooka/(e) cupper an			All
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	_		uctions. All
Sect	other Type III non-functionally integrated supporting organizations must co	impiete Se	(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			Ì
	instructions for short tax year or assets held for part of year)			
<u>a</u>	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
_ 7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	non C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	·····	
4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	llvantearate	ed Type III supporting or	ranization (see

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

a b c

d Excess from 2013e Excess from 2014

Schedule A	(Form 990 or 990-EZ) 2014 GIRL SCOUTS OF ALASKA	92-6000179 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line	e 17a or 17b, and Part III, line 12
	Also complete this part for any additional information (See instructions)	
	······································	
	•••	
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		· · · · · · · · · · · · · · · · · · ·
		-
		
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<u> </u>		

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Inspection

Nam	e of the organization ${f GIRL} \;\; {f SCOUTS} \;\; {f OF} \;\; {f ALA}$	SKA	Employer identification number 92-6000179
Pai			
	organization answered "Yes" to Form 990, Part IV, lin		1000 artist Complete in the
	organization answered Tes to Form 550, Fart 14, mil		(b) Funds and other accounts
	Total number at and of year	(a) Borior devises raines	(b) I and and one accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		- -
4	Aggregate value at end of year		- 4-
5	Did the organization inform all donors and donor advisors in		
_	are the organization's property, subject to the organization's	· ·	└ Yes └ No
6	Did the organization inform all grantees, donors, and donor a		=
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	
Pai	impermissible private benefit?		Yes No
	'.		, line /
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or	· —	,
	Protection of natural habitat	Preservation of a certified h	istoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a co	onservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic st	• •	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the orga-	riization during the tax
4	year ▶ Number of states where property subject to conservation ea	seament is located	
5	Does the organization have a written policy regarding the pe		
3	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		
	and section 170(h)(4)(B)(ii)?	, , , , , , , , , , , , , , , , , , ,	Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense state	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	·	
	conservation easements		<u> </u>
Pa	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance o	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described	ribes these items	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement and I	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gain	, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items	
а	Revenue included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

Sche	dule D (Form 990) 2014GIRL_SC	OUTS OF AL	ASKA			92-60	00179	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Simil	ar Asse	ts (continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant	use of its	collection i	tems
	(check all that apply)							
а	Public exhibition	d	Loan or excl	nange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's ex	empt purp	ose in Parl	t XIII	
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other simila	ar assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	llection?			Yes	No_
Par	t IV Escrow and Custodial Arran	gements . Comple	ete if the organization	n answered "Yes" to	Form 990), Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21						
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contribution	s or other assets no	t included			
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table					
					ļ		Amount	
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 Fe	orm 990, Part X, line	21, for escrow or cu	istodial account liab	ulity?		Yes	No No
b	if "Yes," explain the arrangement in Part XIII							
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" to Fo	rm 990, Part IV, line	10		,	
	,	(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four ye	ears back
1a	Beginning of year balance	78,596.	78,596.	78,596.		78,596.		78,596.
b	Contributions			<u> </u>				
C	Net investment earnings, gains, and losses	9,668.	7,053.	7,447.		12,561.		826.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	9,668.	7,053.	7,447.		12,561.		826.
f	Administrative expenses							
g	End of year balance	78,596.	78,596.	78,596.		78,596.		78,596 <u>.</u>
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g, column (a	i)) held as				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment ► 100.00	%						
С	Temporarily restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c shou	•						
3а	Are there endowment funds not in the posse	ssion of the organization	ation that are held a	nd administered for	the organi	zation	_	
	by							es No
	(i) unrelated organizations						3a(ı)	<u> X</u>
	(ii) related organizations						3a(ii)	<u> X</u>
b	If "Yes" to 3a(II), are the related organizations	•					3b	
4	Describe in Part XIII the intended uses of the		wment funds					
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answere							
	Description of property	(a) Cost or o	1	' '	Accumulat		(d) Book	√alue
	_ , , , _,	basis (investr	 	<u> </u>	epreciation	1		
	Land			1,487.	540	0.5		<u>,734.</u>
	Buildings	247,		1,205.	512,8		3,675	
	Leasehold improvements			7,476.	581,4			,051.
	Equipment			6,209.	171,4			,741.
	Other			7,087.	9,0	22.		<u>,065.</u>
ıota	 Add lines 1a through 1e (Column (d) must e 	quai rorm 990, Part	x, column (B), line 1	UC)			4,337	,309.

Schedule D (Form 990) 2014

432053 10-01-14 Schedule D (Form 990) 2014

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Name of the organization	bout Schedule G (Form 990 or 990-EZ)	and its	instru	ctions is at www.irs.g	<u>ov/to/</u>		ntification number
	OUTS OF ALASKA					92-6000	
· · · · · · · · · · · · · · · · · · ·	Complete if the organization answer	red "Y	es" to	Form 990, Part IV, I	ne 17		
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual eart VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-govern govern using of ding of ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(iı) Actıvıty	(iii) fundr have co or con contribi	istody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
						<u>.</u>	
Total	L	l	•				
List all states in which the organization or licensing	on is registered or licensed to solicit	contrib	outions	s or has been notified	d It IS	exempt from re	egistration
		_					
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ.	Sche	dule G (Form 9	90 or 990-EZ) 2014

432081 08-28-14

10570204 759209 84543

	rt I		ne organization answered	I "Yes" to Form 990, Part	: IV, line 18, or reported	
		of fundraising event contributions and gi	(a) Event #1 AUCTION	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through
đ)			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	26,212.			26,212.
	2	Less Contributions	22,378.			22,378.
	3	Gross income (line 1 minus line 2)	3,834.			3,834.
	4	Cash prizes				
w	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
Δ.	8	Entertainment				
	9	Other direct expenses	4,792.			4,792.
	10	Direct expense summary Add lines 4 throug	h 9 ın column (d)		>	4,792.
	11	Net income summary Subtract line 10 from		000 5 . 11/1 . 10	_	<958.
Pa	ırı	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a	answered "Yes" to Form	1990, Part IV, line 19, or r	reported more than	
		\$15,000 On Form 990-E2, line 6a		(b) Pull tabs/instant	<u>. </u>	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
<u> </u>	1	Gross revenue				
	_	Oash suma				
Direct Expenses	2	Cash prizes				
Exp	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	,
	7	Direct expense summary Add lines 2 throug	h 5 in column (d)		•	
	8	Net gaming income summary Subtract line	7 from line 1, column (d)		_	
	_					
а	Ist	ter the state(s) in which the organization cond the organization licensed to conduct gaming a 'No," explain	ictivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses r 'Yes," explain	· ·	erminated during the tax	year?	Yes No
4320	82 0	18-28-14			Schedule G (Fo	orm 990 or 990-EZ) 2014

Schedule G (Form 990 or 990-EZ) 2014 GIRL SCOUTS OF ALASKA	92-6000179 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity for	med
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books an	d records
Name ▶	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the	he amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party	
Name ▶	
Address >	
16 Gaming manager information	
Name	
Gaming manager compensation \$	
Description of services provided ▶	
Director/officer Employee Independent contractor	
17 Mandatony distributions	
17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or	
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v	r), and Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)	
432083 08-28-14 Sc	hedule G (Form 990 or 990-EZ) 2014

Schedule G (Form 990 or 990-EZ) GIRL SCOUTS OF ALASKA Part IV Supplemental Information (continued)	92-6000179 Page 4
Part IV Supplemental Information (continued)	
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	<u></u>
	
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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

Open to Public OMB No 1545-0047 Inspection

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

			Information about schedule I (Form 990) and its illistractions is at www.is.gov.ioi.ii330			CAMPACINO SOLVENING		
Name c	Name of the organization GTRI, SCOII파S		AT,ASKA					Employer identification number 92-6000179
Part	General Inform	ind Assistance						
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	e amount of the grants	s or assistance, the	grantees' eligibility	/ for the grants or ass	sistance, and the selec	
	criteria used to award the grants or assistance?	stance?	tornot the use of orant	finds in the I larte	d States			X Yes
Part	Crants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Domestic Organi	zations and Domestic	c Governments. C	complete if the orga	Inization answered ">	res" to Form 990, Part	IV, line 21, for any
	recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if addit	ional space is need	Jed		-	
<u>,</u>	Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							•	
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ind government or	ganizations listed in th	ne line 1 table				
LHA T	Enter total number of other organizations listed in the line i table For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s listed in the line, see the instruct	ions for Form 990.					Schedule I (Form 990) (2014)

GIRL SCOUTS OF ALASKA

92-6000179

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Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Schedule I (Form 990) (2014) Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CAMP ASSISTANCE	287	73,269.	0		
MEMBERSHIP FEES ASSISTANCE	1694	33,327,	0		
PROGRAM FEES AND EVENT SCHOLARSHIPS	191	1,670.	0		
Part IV Supplemental Information. Provide the information required	uired in Part I, line	e 2, Part III, column	in Part I, line 2, Part III, column (b), and any other additional information	ditional information	
, H					
MEMBERSHIP FEE ASSISTANCE IS FINANCIAL	CIAL ASS	ASSISTANCE FOR	R GIRL SCO	GIRL SCOUT MEMBERSHIP	
DUES. FUNDS ARE NOT GIVEN TO MEMBERS.		AMOUNT OF	THE AMOUNT OF THE MEMBERSHIP	SHIP DUES	
OWED BY THE MEMBER IS EITHER DISCOUNT	UNTED OR	ED OR RELIEVED.	THEREFORE,	, MONITORING	
OF GRANT FUNDS IS NOT NECESSARY FOR	R MEMBERSHIP	FEE	ASSISTANCE.	THE MEMBERS'	
. ш	T OR RELIEF	ЕР ОР ТНЕ	FEE.		
	ł				

CAMP ASSISTANCE IS FINANCIAL ASSISTANCE FOR CAMP FEES. LIKE MEMBERSHIP

FUNDS ARE NOT GIVEN TO MEMBERS. THE AMOUNT OF THE CAMP FEE IS ASSISTANCE,

432102 10-15-14

10570204 759209 84543

SCHEDULE O

4.4

(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 990-EZ or to provide any additional information.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

➤ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Inspection

Name of the organization

GIRL SCOUTS OF ALASKA

Employer identification number 92-6000179

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PLACE. THE ORGANIZATION RUNS PROGRAMS, CAMPS, EVENTS, FUNDRAISING
ACTIVITIES, AND MEMBERSHIP ACTIVITIES FOR GIRL SCOUTS IN SOUTHWEST,
SOUTHEAST, AND SOUTHCENTRAL ALASKA.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
COOKIE PROGRAM AND 613 GIRLS PARTICIPATED IN THE NUT & CANDY PROGRAM.
FORM 990, PART VI, SECTION B, LINE 11:
THE BOARD REVIEWS THE 990 PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
EACH MEMBER OF THE BOARD OF DIRECTORS, OFFICERS, 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 SEEING 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.
FORM 990, PART VI, SECTION B, LINE 15:
CEO COMPENSATION IS SUBJECT TO BOARD APPROVAL. THE BOARD REVIEWS SURVEYS OF
COMPARABLE COMPENSATION FOR COMPARABLE QUALIFICATIONS. COMPARABLE

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

Schedule O (Form 990 or 990-EZ) (2014)