# SCANNED OCT 1 5 2021

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 private foundations)

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

Open to Public Inspection

<u>A</u>	For the	$\pm$ 2018 calendar year, or tax year beginning $$ OCT $$ $$ 1 $$ , $$ $$ $$ $$ 2 $$ $$ 1 $$ $$ and e	ending S	SEP 30, 2019	
В	Check if applicable	C Name of organization	-	D Employer identifi	cation number
	Addre	GIRL SCOUTS OF ALASKA			
Ļ	Name chang Initial				000179
F	return Frnal return/	Number and street (or P.O. box if mail is not delivered to street address)  3911 TURNAGAIN BLVD	Room/suite	E Telephone numbe (907	
	termin			G Gross receipts \$	3,849,308.
	Amend			H(a) Is this a group re	
	Applic	I F Name and address of principal officer DESDIE KIDDE	2	for subordinates	
	pendir	SAME AS C ABOVE	1)	H(b) Are all subordinates ii	ncluded? Yes No
		empt status 🗶 501(c)(3) 🔲 501(c) ( ) ◀ (insert no.) 🔲 4947(a)(1) oi	r 🖳 527	If "No," attach a	list. (see instructions)
		e: WWW.GIRLSCOUTSALASKA.ORG	<u> </u>	H(c) Group exemptio	
		organization: X Corporation	L Year	of formation: 1951 N	State of legal domicile: AK
<u> </u>		Summary	I TNC C	TRIC OF COIL	DACE
Se	1	Briefly describe the organization's mission or most significant activities BUILD CONFIDENCE, AND CHARACTER WHO MAKE THE WO	DING G	TYPO OF COO	CF
Activities & Governance	2	Check this box If the organization discontinued its operations or dispose			
, ver	3	Number of voting members of the governing body (Part VI, line 1a)	eu oi more	3	18
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	18
80	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	94
¥.	6	Total number of volunteers (estimate if necessary)		6	1468
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_		Net unrelated business taxable income from Form 990-T, line 38		7b	0.
	1		Prior Year	Current Year	
ne	8	Contributions and grants (Part VIII, line 1h)		584,808.	693,017.
Revenue	9	Program service revenue (Part VIII, line 2g)	476,674.	450,402.	
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	ļ	63,569.	54,625. 1,438,493.
	11 12	Other revenue (Part VIII, column A)- lines 5, 5d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 1, must equal Fart VIII, column (A), line 12)	2,674,589.	2,636,537.	
_	13	Grants and similar ampunts paid (Part IX, columnay, lines 1-3)		181,804.	160,040.
	14	Benefits paid to or Simembers (Barth) & Ballmir M line 4)		0.	0.
S	I	Salaries, other compensation, employee benefits Part IX, column (A), lines 5-10)		1,533,861.	1,523,400.
Expenses	16a	Professional fundraising (@@@@@@illi.incolumn (A), line 11e)		0.	0.
× be	b	Total fundraising expenses (Part IX, column (D), line 25)  245,68	17.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	L-	991,512.	1,031,980.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	$\vdash$	2,707,177.	2,715,420.
_ 2	19	Revenue less expenses. Subtract line 18 from line 12		<32,588.	
Net Assets or Find Balances	20	Total accests (Dout V. line 16)	Бе	ginning of Current Year 5,901,498.	End of Year 5,807,090.
ASS	21	Total assets (Part X, line 16) Fotal liabilities (Part X, line 26)	-	203,953.	207,647.
E SE	22	Net assets or fund balances. Subtract line 21 from line 20	┢	5,697,545.	5,599,443.
	art II	Signature Block			
Und	der pena	ties of perjury, I declary that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is
true	e, correc	t, and complete declaration of preparer (pther than offices) is based on all information of which	ch preparer	has any knowledge.	
		Siste Stall			2-2020
Sig	ın	Leslie D. Ridle CEO	)	Date	
He	re	Type or print name and title  1. Ridle Co			
		<u> </u>	П	Date Check	PTIN
Pai	ا ا	Print/Type preparer's name CINDY L HULQUIST CPA  What A Hulquist C		5/9/2020   # L	
	parer	Firm's name THOMAS, HEAD & GREISEN, PC		Firm's EIN	92-0043874
	Only	Firm's address 1400 WEST BENSON BLVD., 400		FIIHI S CIIV	J2-0043074
		ANCHORAGE, AK 99503-3683		Phone no. (9	07)272-1571
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)		7:	X Yes No

Form 990 (2018)

832002 12-31-18

# GIRL SCOUTS OF ALASKA

92-6000179

Form 990 (2018) GIRL SCOUTS
Part IV Checklist of Required Schedules

			res	_ INO
1	Iş the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<del> </del>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		<del></del>	
•	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		Х
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_		х
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,	_		<b>.</b>
•	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			x
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		<del>  ^</del>
3	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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	110		<u> </u>
_	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	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		7.7	
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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			v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	_	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
. •	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			3,5
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_		<u> </u>

		000179	) <sub>F</sub>	age
Pa	rt IV Checklist of Required Schedules (continued)		1	Τ
22	Qid the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	N
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	l
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		<del> </del>	$\vdash$
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	ł	x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of th			$\vdash$
	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		Г
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	l	
25 a	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			ľ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	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	ļ.		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			١,,
	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			Ì
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		┝
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			1
_	instructions for applicable filing thresholds, conditions, and exceptions)  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an office			H
·	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	Х	H
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?			Г
	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			ĺ
	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			١
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Ь	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		$\vdash$
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			v
27	If "Yes," complete Schedule R, Part V, line 2	36	$\vdash$	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	07		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	$\vdash$	<del> </del>
~	Note. All Form 990 filers are required to complete Schedule O	38	x	l
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			

а	Enter the number	reported in Box	3 of Form 1096	Enter -0- if no	t applicable
a	Litter the number	repulted in Dox	3 01 F01111 1030.	. CIRCI 'O' II IIO	Lapplicable

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

;	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming
	(gambling) winnings to prize winners?	

Form **990** (2018)

1c X

Yes No

Epter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  I fall least one is reported on line 2, did the organization fiel all required federal employment tax returns?  Note. If the sum of lines 1s and 2s is greater than 250, you may be required to effet feel mistructions)  B if I have a fined a Form 990-T for this year? If 'No" to line 3b, provide an explanation in Schedule O  I have the did a Form 990-T for this year? If 'No" to line 3b, provide an explanation in Schedule O  In 'Yes,' has it field a Form 990-T for this year? If 'No" to line 3b, provide an explanation in Schedule O  B if 'Yes,' enter the name of the foreign country buth as a bank account, securities account, or other financial accounts (FBAF)  See instructions for filing requirements for Fine CEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF)  See instructions for filing requirements for Fine CEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF)  See instructions for filing requirements for Fine CEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF)  See instructions for filing requirements for Fine CEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF)  See instructions for filing requirements for Fine CEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF)  See instructions for filing requirements for Fine CEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF)  See instructions for filing requirements for Fine CEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF)  See instructions for filing requirements for Fine CEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF)  See instructions of the General Property of Foreign Bank and Financial Accounts (FBAF)  See instructions of the General Property of Fine Bank and Financial Accounts (FBAF)  See in Missing and Fine Property of Fine Bank and Financial Accounts (FBAF)  See in Missin	га	Statements Regarding Other INS Fillings and Tax Compliance (continued)								
field for the calendar year ending with or within the year covered by this return  bit of all least one is reported on the 2A, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  did bit the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  did bit the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  did bit the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  did bit the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  did bit the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  did the organization have unrelated business greater shall be required to e-file (see instructions)  did any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account of the requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  see instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  see instructions for filing requirements of FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  see instructions for filing requirements of FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  see instructions for filing requirements of FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  see instructions for filing requirements of FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  see instructions for filing requirements of FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  see instructions for filing requirements of FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  see instructions for a see instructions and see instructions for a			ı	Yes	No					
b If a least one is reported on him 22, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)  3a	2a									
Note. If the sum of Ines 1a and 2a is greater than 250, you may be required to e-Me (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 If "I'es," has it filed a Form 990-T for this year "If "No" to Me 36, provide an explanation in Schedule O  3 In "I'es," has a filed a Form 990-T for this year "If "No" to Me 36, provide an explanation in Schedule O  3 In 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)?  5 If "Yes," enter the name of the foreign country [\$\frac{1}{2}\$\$ as a bank account, securities account, or other financial accounts (FBAR)  5 Was the organization a party to a prohibition that it was or is a party to a prohibitions for fining requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5 Was the organization a party to a prohibition at twis or is a party to a prohibitions of the organization file Form 8886-17  5 Was the organization file organization file Form 8886-17  5 Did any explanation file organization file Form 8886-17  5 Did with the organization include with every solicitation an express statement that such contributions or gifts were not its deductible?  5 Diff the organization receive a payment in excess of 37 amade party sa z contribution and party for goods and services provided to be payor?  5 Diff the organization receive a payment in excess of 37 amade party sa z contributions on a personal benefit contract?  7 Diff the organization sell, exchange, or otherwise dispose of tangloble personal property for which it was required to the form 8282?  8 Diff the organization device a payment in excess of 37 amade party sa z contributions on a personal benefit contract?  9 Diff the organization device a payment in excess of 37 amade party sa z contributions on a personal benefit contract?  9 Diff the organization device a payment in excess of 37 amade party sa z contribution				<u></u>						
39 b If Yes, fixes it field a Form 990-1 for this year? If "Not 10 law 2b, provide an explanation in Schedule 0 39 b If Yes, fixes it field a Form 990-1 for this year? If "Not 10 law 2b, provide an explanation in Schedule 0 39 b If Yes, fixes it field a Form 990-1 for this year? If "Not 10 law 2b, provide an explanation in Schedule 0 39 b If Yes, fixes it field a Form 990-1 for this year? If "Not 10 law 2b, provide an explanation in Schedule 0 39 b If Yes, fixes it field a Form 990-1 for this year? If "Not 10 law 2b, provide an explanation in the firm of the country over, a financial account, in a foreign country (such as a bank account, or other financial accounts (FBAR)) 30 b If Yes, fixes it field a Form 990-1 for this year? 31 b If Yes, fixes it field a Form 990-1 for this year? 32 b Was the organization for this or prohibited that it was or is a party to a prohibited the organization for the organization file Form 980-1 for 10 law 2b in the organization file Form 980-1 for 10 law 2b in the organization file Form 980-1 for 10 law 2b in the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible a charitable contributions? 32 b If Yes, fixes the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 33 b If Yes, fixes the organization on forty the donor of the value of the goods or serveses provided? 34 b If Yes, fixes the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 35 b If Yes, fixes the organization include with every solicitation an express statement that such contributions or Good the organization and partify for goods and services provided to the partification that the fixes of the organization of the value of the goods or serveses provided? 36 b If Yes, fixes the organization necesses of the value of the goods or serveses provided? 37 b If Yes, fixes th	b		2b_	X						
b If "Yes," has it field a Form 990-T for this year / If "No" to line 3b, provide an explanation in Schedule O  At any time during the calendar year, did the organization have an inferest 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)?  b If "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)]  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions of property to a prohibited tax shelter transaction at any time during the tax year?  5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any contributions in party to a prohibited tax shelter transaction at any contributions that were not tax deductible as charitable contributions?  5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c).  7c Organizations that may receive deductible contributions under section 170(c).  8d bid the organization receive apparent in excess of \$75 made party as a contribution of and party for goods and services provided to the payor?  7a b If "Yes," did the organization receive deductible contributions under section 170(c).  9 b If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7b b If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c b If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c b If the organization receive any funds, directly or indirectly, to pay premiums					<u> </u>					
4a A 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)?  b If "Yes," enter the name of the foreign country ▶  5a Was the organization aparty to a prohibited tax shelter transaction?  c If Yes's to line Saor 5b, did the organization file form 88697.  6b Did any taxable party notify the organization file form 88697.  6c If Yes's to line Saor 5b, did the organization file form 88697.  6c If Yes's to line Saor 5b, did the organization file form 88697.  6c If Yes's to line saor 5b, did the organization file form 88697.  6c If Yes's to line saor 5b, did the organization file form 88697.  6c If Yes's to line the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Organizations that may receive deductible contributions under section 170(c).  a bid the organization excess a payment in excess of 375 made partly as contributions and partly for goods and services provided to the payor?  6c If Yes, "did the organization notify the donor of the value of the goods or services provided?  6d If Yes, "indicate the number of Forms 8282 filed during the year  6d If Yes, "indicate the number of Forms 8282 filed during the year  6d If Yes, "indicate the number of Forms 8282 filed during the year  7d If Yes, organization and the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7f If Did the organization freewed any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7f If the organization received a contribution of cars, boats, arphanes, or other vehicles, did the organization file a Form 1098-C? 7h Ph. Sponsoring organization have excess business holdings at any time during the year?  8 Sponsoring organization have an initiatining donor advised funds, but a donor advised funds. Did advised funds an initiation					Х					
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		IT YES, COMPLETE FORM 4/20, Schedule O	Form	990	(2018)					

92-6000179 GIRL SCOUTS OF ALASKA Form 990 (2018) Page 6 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  $\overline{\mathbf{x}}$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 18 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 18 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X 8b **b** Each committee with authority to act on behalf of the governing body? 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990  $\overline{\mathbf{X}}$ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b 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 X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website W Upon request ∴ Other (explain in Schedule O) ☐ Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JADEE DRAUGHN - (907) 248-2250 3911 TURNAGAIN BLVD, ANCHORAGE, 99517

832006 12-31-18

Form 990 (2018)

# 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)	(B)	J. y.c		((	C)			(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle	ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LYNDA ZAUGG	1.00									•
BOARD CHAIR	1 20	X		Х	_	_	_	0.	0.	0.
(2) JESSICA GRAHAM	1.00									
FIRST VICE CHAIR	1 00	Х	_	Х	_	_	_	0.	0.	0.
(3) ALLISON MENDEL	1.00									•
SECOND VICE CHAIR	1 00	X		X		_		0.	0.	0.
(4) CHERI LANG MARSTON	1.00	,,		,,					_	0
SECRETARY	1 00	X		X		<u> </u>	┝	0.	0.	0.
(5) ELAINE BROWN	1.00	<b>.</b>		₹.			ĺ		•	•
TREASURER	0.50	X		X		┝	_	0.	0.	0.
(6) ANNA BRYANT	0.50	x						0.	0.	0.
BOARD MEMBER (7) BETSY BOZE	0.50	Λ				H		0.	0.	0.
BOARD MEMBER	0.50	x						0.	0.	0.
(8) BONNIE PASKVAN	0.50	^			-			- 0.	· · ·	
BOARD MEMBER	0.30	х						0.	0.	0.
(9) BRIX HAHN	0.50	A			_	⊢	$\vdash$			
BOARD MEMBER	0.50	$\mathbf{x}$						0.	0.	0.
(10) CHRISTINE KRYSINSKI	0.50	<b> </b>			$\vdash$	H	$\vdash$	<u> </u>		
BOARD MEMBER	0.30	$ \mathbf{x} $						0.	0.	0.
(11) ERIK AMUNDSON	0.50		-		$\vdash$					
BOARD MEMBER		$ \mathbf{x} $						0.	0.	0.
(12) JORDAN COOPER	0.50	<del></del>			┢	-				
BOARD MEMBER		$ \mathbf{x} $						0.	0.	0.
(13) LAURIE EVANS-DINNEEN	0.50	П						·-··		
BOARD MEMBER		x						0.	0.	0.
(14) MEAGAN KRUPA	0.50									
BOARD MEMBER		x						0.	0.	0.
(15) MITZI BARKER	0.50				Г					
BOARD MEMBER		x						0.	0.	0.
(16) SARAH SLEDGE	0.50						-			
BOARD MEMBER		х			L			0.	0.	0.
(17) TAMMY ASHLEY	0.50									
BOARD MEMBER		Х						0.	0.	0.
832007 12-31-18									<del></del>	Form <b>990</b> (2018)

832007 12-31-18

Form **990** (2018)

Part VII Section A. Officers, Directors, T	rustees Key Fm				а н	ıahe	st (	Compensated Employe	es (continued)	000	1/3 Page C
(A)  Name and title	(B) Average hours per week	rage Position (do not check more the box, unless person is be					one th an	(D) Reportable compensation	(E)  Reportable compensation from related	on	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizatior (W-2/1099-MI	าร	compensation from the organization and related organizations
(18) TERRY NELSON BOARD MEMBER	0.50	x						0.		0.	0
(19) SUE PERLES	40.00	╬			-	-	┝			0.	0.
CEO, RETIRED FEBRUARY 2019		1		x				114,594.		0.	4,538.
(20) LESLIE RIDLE	40.00						T				-
CEO, FEBRUARY 2019		}		Х			$\vdash$	0.		0.	0.
-		-							<del>-</del>		
							İ			-	
							_				
		┨									
1b Sub-total						•	▶	114,594.		0.	4,538.
c Total from continuation sheets to Part	t VII, Section A						▶	0.		0.	0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including bu		nose	liste	ed al	bove	e) wl	ho r	114,594. ecceived more than \$100	,000 of reportab	0. le	4,538.
compensation from the organization	·										Yes No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for	or such individual										3 X
4 For any individual listed on line 1a, is the and related organizations greater than \$	•							*	the organization		4 X
5 Did any person listed on line 1a receive									dual for services	;	
rendered to the organization? If "Yes," c	omplete Schedul	e J f	or st	uch	pers	son					5 X
Section B. Independent Contractors  1 Complete this table for your five highest	compensated in	dene	ende	ent c	onte	racto	ore 1	that received more than	\$100,000 of cor	nnens	ation from
the organization. Report compensation i		-								пропо	accor irom
(A) Name and busine	ess address	N	ONE	₹.				(B) Description of s	ervices	С	(C) ompensation
								·			·
					_						
2. Total number of independent part and a	a (maluduae bus			- A h-	<b>4</b> L -	- ·		d about the second	one the	_	
Total number of independent contractor     \$100,000 of compensation from the organization.	_	iot III	nite	u t0	_	se li: )	stec	above) who received m	iore tnan		
		-									Form <b>990</b> (2018)

13570603 759209 84543

Total revenue	L			Check if Schedule O cont	ains a respon	se or note to any lin	e in this Part VIII			
1							(A)	Related or exempt function	Unrelated business	Revenue excluded from tax under sections 512 - 514
Business Code	nts	1	а	Federated campaigns	1a	49,083.				
Business Code	irai our		b	Membership dues	1b					
Business Code	s, G		С	Fundraising events	1c	25,765.				
Business Code	Sift ar				1d					
Business Code	S,E				ions) 1e	16,091.				
Business Code	tion		f	All other contributions, gifts, gran	ts, and					
Business Code	the			similar amounts not included abo	ve <b>  1f  </b>	602,078.				
Business Code	D G		g	Noncash contributions included in fines		31,323.		ĺ		
2 a PROGRAM FEES   519130   450,402.   450,402.    b	<u>ರೆ ೯</u>		h	Total. Add lines 1a-1f			693,017.			
Barrier   Barr						Business Code				
Total, Add lines 2a-2f	e	2	а	PROGRAM FEES		519130	450,402.	450,402.		
Total, Add lines 2a-2f	ž e		b		_					
Total, Add lines 2a-2f	Sel		С				_			
Total, Add lines 2a-2f	ran Sev		ď							
Total, Add lines 2a-2f	og F		е			_				
3   Investment income (including dividends, interest, and other smilar amounts)	Δ.		f	All other program service reve	enue					
Other smilar amounts			g	Total. Add lines 2a-2f		<b>•</b>	450,402.			
1		3			dıvıdends, ınt	erest, and				
Formal   F				•		<b>•</b> [	64,694.			64,694.
(i) Real   (ii) Personal   28,501.		l			x-exempt bone	d proceeds 🕨				
Company   Comp		5		Royalties		<u>▶</u>				
December 2   December 3   December 3   December 4   Dec		_		_		<del> </del>				
C Rental income or (loss)  d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses  251,982. <a href="#">C Gain or (loss)</a> 8 a Gross income from fundraising events (not including \$		6								
The state of th						- •				
Tall Gross amount from sales of assets other than inventory					28,30	<del>*·l</del>	28 501	29 501	<del></del>	
assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss)		၂ ,			(2 Convertion	62 Other	20,301.	28,301.		
b Less cost or other basis and sales expenses		l '	а							
and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ 25,765. of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a MISCELLANEOUS REVENUE 900099 2,151.  12 Total revenue See instructions  210,069.  110,069.  110,069.  111,069.			<b>L</b>		241,31	<del></del>				
C Gain or (loss)			U		251 98	2				
d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ 25,765. of contributions reported on line 1c) See Part IV, line 18  b Less direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities. See b Less cost of goods sold c Net income or (loss) from sales of inventory  ■ 10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  ■ 1,418,366.  ■ 1,418,3			_	•						
8 a Gross income from fundraising events (not including \$ 25,765. of contributions reported on line 1c) See Part IV, line 18  b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a MISCELLANEOUS REVENUE 900099 2,151. b C d All other revenue e Total. Add lines 11a-11d 12 Total revenue See instructions  8 a 3,960.  14,485.  <10,525.  <10,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.  <110,525.   110,525.	i			• •	120,00	<del></del>	<10 069		<del></del>	<10 069.
Including \$ 25,765. of contributions reported on line 1c) See   Part IV, line 18   a 3,960.	4	l g		• • •	a events (not		,			1417,1111
c Net income or (loss) from fundraising events	nue	ľ	_		•		-			
c Net income or (loss) from fundraising events	eve									
c Net income or (loss) from fundraising events	Ē				.,	a 3,960.				
c Net income or (loss) from fundraising events	the		b							
Part IV, line 19     b Less direct expenses     c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns     and allowances     b Less cost of goods sold     c Net income or (loss) from sales of inventory	0				raising events	s <b>•</b>	<10,525.	·		<10,525.
Part IV, line 19     b Less direct expenses     c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns     and allowances     b Less cost of goods sold     c Net income or (loss) from sales of inventory		9			_					
b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory    Miscellaneous Revenue   Business Code						a				
10 a Gross sales of inventory, less returns and allowances  b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a MISCELLANEOUS REVENUE  b C C C C C C C C C C C C C C C C C C			b	Less direct expenses		b				,
and allowances  b Less cost of goods sold  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a MISCELLANEOUS REVENUE  b C d All other revenue  e Total. Add lines 11a-11d  Total revenue See instructions  a 2,364,670.  946,304.  1,418,366.  1,418,366.  2,151.  2,151.  2,151.			С	Net income or (loss) from gam	ing activities		_			
b Less cost of goods sold c Net income or (loss) from sales of inventory		10	а	Gross sales of inventory, less	returns					
C Net income or (loss) from sales of inventory       ▶ 1,418,366.       1,418,366.         Miscellaneous Revenue       Business Code         11 a       MISCELLANEOUS REVENUE       900099       2,151.         b       2,151.         c       4 All other revenue       2,151.         e       2,151.         12       Total revenue See instructions       2,636,537.       1,897,269.       0.       46,251.				and allowances						į
Miscellaneous Revenue   Business Code			b	Less cost of goods sold		b 946,304.				
11 a MISCELLANEOUS REVENUE 900099 2,151.  b			Ç	Net income or (loss) from sale	s of inventory	<b>&gt;</b>	1,418,366.	1,418,366.		,
b					e					
c       d All other revenue         e Total. Add lines 11a-11d       ≥ 2,151.         12 Total revenue See instructions       ≥ 2,636,537.       1,897,269.       0.       46,251.		11	а	MISCELLANEOUS REVENUE		900099	2,151.			2,151.
d All other revenue e Total. Add lines 11a-11d  ► 2,151.  12 Total revenue See instructions  ► 2,636,537. 1,897,269. 0. 46,251.			b			-				
e Total. Add lines 11a-11d  12 Total revenue See instructions  2,151.  2,636,537.  1,897,269.  0.  46,251.						.				
12 Total revenue See instructions 2,636,537. 1,897,269. 0. 46,251.							<u>, , , , , , , , , , , , , , , , , , , </u>			
			е			<b>▶</b>		1 000 000		46.055
			_			<u> </u>	2,636,537.	1,897,269.	0.	

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a respons  Do not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations		·		<u> </u>
and domestic governments. See Part IV, line 21  2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	160,040.	160,040.		
3 Grants and other assistance to foreign	100,040.	100,040.		
organizations, foreign governments, and foreign				
individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				<u>-</u>
5 Compensation of current officers, directors,		<u></u>		
trustees, and key employees	144,929.	111,096.	16,972.	16,861
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	1,058,726.	811,672.	123,591.	123,463
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	68,193.	51,985.	9,123.	7,085
9 Other employee benefits	158,876.	121,115.	21,254.	16,507
10 Payroll taxes	92,676.	70,649.	12,398.	9,629
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal				
c Accounting	27,820.	19,994.	5,923.	1,903
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	12,934.		12,934.	
g Other. (If line 11g amount exceeds 10% of line 25,	20 000	02.660	E 010	0 050
column (A) amount, list line 11g expenses on Sch O.)	32,922.	23,660.	7,010.	2,252 4,643
12 Advertising and promotion	31,359.	26,329.	387.	4,643
13 Office expenses	388,355. 8,238.	303,324.	32,242.	52,789 602
14 Information technology	0,230.	6,087.	1,549.	004
15 Royalties	124,019.	117,099.	5,442.	1,478
16 Occupancy	149,485.	138,063.	7,357.	4,065
17 Travel 18 Payments of travel or entertainment expenses	140,400.	130,003.	7,337.	4,005
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				·
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	.170,650.	170,650.		
23 Insurance	47,143.	24,615.	18,440.	4,088
24 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 0.)  a BAD DEBT EXPENSE	20,295.	20,295.		<del></del>
CONTRA DEVELOPMENT	9,517.	7,686.	1,790.	41
c RECRUITMENT	9,243.	8,947.	15.	281
d RECRUITMENT	9,443.	0,341.	10.	201
				<del>-</del>
e All other expenses	2,715,420.	2,193,306.	276,427.	245,687
26 Joint costs. Complete this line only if the organization	_,,,		2,0,12,0	2 - 3 / 3 3 /
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here figure if following SOP 98-2 (ASC 958-720)				
832010 12-31-18			<del></del>	Form <b>990</b> (2018

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 106,490 38,541. 1 Cash - non-interest-bearing 330,068. 350,566. 2 2 Savings and temporary cash investments 36,729. 85,505. 3 3 Pledges and grants receivable, net 12,178. 7,012. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete 5 Part II of Schedule L 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 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net 7 96,201. 100,013.8 Inventories for sale or use 23,771. 35,038. 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 5,705,326. basis. Complete Part VI of Schedule D 10a 1,960,907. 3,911,574. 3,744,419. 10b 10c b Less accumulated depreciation 1,364,754. 1,421,553. Investments - publicly traded securities 11 11 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 19,733. 24,443. 15 15 Other assets. See Part IV, line 11 5,901,498. 5,807,090. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 120,296. 102,418. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 81,247. 101,329. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 3,900. 2,410. Schedule D 207,647. 203,953. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here \( \bigvee \b complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 5,384,560. 36,287. 5,571,355. 27 Unrestricted net assets 47,594. 28 28 Temporarily restricted net assets 78,596. 178,596. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 5,697,545. 5,599,443. 33 33 Total net assets or fund balances 5,901,498. 5,807,090. Total liabilities and net assets/fund balances Form **990** (2018)

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

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

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

Form **990** (2018)

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Act and OMB Circular A-133?

# **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Révenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of	me of the organization Employer identification number											
		SCOUTS OF	ALASKA				9	2-6000179				
Part T	Reason for Public	Charity Status (	All organizations must co	omplete th	ns part.) S	ee instruction						
The orga	nization is not a private found							1/				
1 🗀	A church, convention of ch							KX				
2 🗔	A school described in sect					.70 40.5		/ ) \				
3	A hospital or a cooperative					iii <b>\</b>		$\cup$				
4 🗆	A medical research organiz						Mill Enter	the hospital's name				
<b>,</b>	city, and state	adori oporatoa iii oo	njanotion with a noopita	, acsonbe	a in scoul	)	ny(my. Enter	the hospital s hame,				
5 🗀	An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a g	overnmental	unit descri	bed in				
	section 170(b)(1)(A)(iv). (Complete Part II)											
6 🖳	A federal, state, or local go	•										
7 X	An organization that norma		antial part of its support f	from a gov	vernmenta	l unit or from t	the general	public described in				
• 🗀	section 170(b)(1)(A)(vi). (C	•	/4VAV::\									
8 🗀	A community trust describe			•								
9 📖	An agricultural research org											
	or university or a non-land-	grant college of agric	culture (see instructions)	Enter the	name, cit	y, and state o	f the collec	ge or				
10	An erganization that norma	ally recovers (1) more	a than 22 1/20/ of the aver									
10	An organization that norma activities related to its exen						-					
	income and unrelated busin	•	•					•				
	See section 509(a)(2). (Con		e (less section 5 i i tax) in	om busine	esses acqu	aired by the of	ganization	alter Julie 30, 1975.				
11 🗆	An organization organized	•	ewely to test for public es	faty See	section 5	00(2)(4)						
12 🗔	An organization organized			•			arny out the	a nurnosees of one or				
'2 <u></u>	more publicly supported or	•	•			•	•	· ·				
	lines 12a through 12d that							SHECK THE DOX III				
م <sub>-</sub> ر	¬				•		•					
a ∟	☐ Type I. A supporting orga	•	·	•	•		• • •					
	the supported organization			amajority	or the aire	ctors or truste	es of the s	supporting				
ь 🗆	organization You must o	- ·		tion with i	*a aaaa		(a) bb.					
D L	☐ Type II. A supporting org	•				J		•				
	control or management o			ame persi	ons that co	ontrol or mana	ige the sup	эропеа				
	organization(s). You mus	-						1 46				
c L	☐ Type III functionally inte						lly integrat	ed with,				
- I	its supported organizatio						-					
d	☐ Type III non-functionally											
•	that is not functionally int	•	• ,	-		•	o an attent	iveness				
	requirement (see instruct	•	•		-		0 T 0					
e L	☐ Check this box if the orga					a Type I, Type	ıı, Type III					
4 5	functionally integrated, or		nally integrated support	ıng organı	zation.							
	er the number of supported of	•						<u>L</u>				
	vide the following information (i) Name of supported	n about the supporte	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetany	(vi) Amount of other				
	organization	(11) (11)	(described on lines 1-10	in your govern	ing document?	support (see in	•	support (see instructions)				
			above (see instructions))	Yes	No			,				
					-							
		<u> </u>				-						

<u>Total</u>

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.)

Se	Section A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	660,331.	492,102.	557,050.	584,808.	693,017.	2987308.					
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	660,331.	492,102.	557,050.	584,808.	693,017.	2987308.					
5	The portion of total contributions											
	by each person (other than a											
	governmental unit or publicly											
	supported organization) included											
	on line 1 that exceeds 2% of the											
	amount shown on line 11,											
	column (f)						489,087.					
	Public support. Subtract line 5 from line 4						2498221.					
	ction B. Total Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total					
7	Amounts from line 4	660,331.	492,102.	557,050.	584,808.	693,017.	2987308.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources	137,312.	99,071.	70,443.	75,886.	93,195.	475,907.					
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	26 520	п 00п	105	0 100		40.060					
	assets (Explain in Part VI.)	36,538.	7,087.	185.	2,102.	2,151.	48,063.					
	Total support. Add lines 7 through 10						3511278.					
	Gross receipts from related activities,	•	•				,766,177.					
13	First five years. If the Form 990 is for	_	first, second, thire	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)						
Sec	organization, check this box and store ction C. Computation of Publ	nere ic Support Per	rcentage			·	<u> </u>					
	Public support percentage for 2018 (I			volumo (fi)		14	71.15 %					
	Public support percentage from 2017	• • • • • • • • • • • • • • • • • • • •	•	Olumin (1))		15	58.18 %					
	33 1/3% support test - 2018. If the c			n line 13 and line :	l 14 is 33 1/3% orm							
	stop here. The organization qualifies	_		•	14 13 00 17070 01 11	iore, ericek triis be	►X					
h	33 1/3% support test - 2017. If the o		-		line 15 is 33 1/3%	or more, check th						
	and stop here. The organization quali	-			1110 10 13 00 17070	or more, ericen a	<b>▶</b> □					
17a	10% -facts-and-circumstances test		•		e 13 16a, or 16b, a	and line 14 is 10%	or more					
	and if the organization meets the "fac	•			•		•					
	meets the "facts-and-circumstances"			=	·		<b>&gt;</b>					
b	10% -facts-and-circumstances tes	_			-	7a, and line 15 is	10% or					
-	more, and if the organization meets the											
	organization meets the "facts-and-circ						ightharpoons					
18	Private foundation. If the organization						s 🕨 🗖					
			• , •			dule A (Form 990						

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Schedule A (Form 990 or 990-EZ) 2018

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## Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

				-
Section A.	. All	Supporting	Organizations	

Sec	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	<u> </u>		
_	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	<u> </u>		
	(b) and (c) below.	_ 3a		-
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			1
	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		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	- <del></del> -		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	- <del></del>		
	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			
	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)			
F.	purposes	4c		
эa	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 was accomplished (such as by amendment to the organizing document)			
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		1
D				
_	designated in the organization's organizing document?  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	30		1
Ü	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			1
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			ļ
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			1
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	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 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			1
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			ļ
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			ĺ
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			- 1
-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			- 1
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

10b

determine whether the organization had excess business holdings.)

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 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	ion 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	Π		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ited Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

Pai	rt V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sect	ion D	- Distributions			Current Year
_1	Amou	unts paid to supported organizations to accomplish exe	empt purposes		
2	Amou	unts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organ	nizations, in excess of income from activity			
3	Admi	nistrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4		unts paid to acquire exempt-use assets			
5		fied set-aside amounts (prior IRS approval required)		· · · · · · · · · · · · · · · · · · ·	
6		distributions (describe in Part VI) See instructions.			
7		annual distributions. Add lines 1 through 6.			
8		butions to attentive supported organizations to which the	he organization is responsive	e	_
		de details in Part VI). See instructions.	<b>3</b>		
9		butable amount for 2018 from Section C, line 6			
10		3 amount divided by line 9 amount	<u>-</u> .		_
	Line	surrount divided by line 5 amount	(i)	(11)	(iii)
Sect	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
_1_	Dıstrıl	butable amount for 2018 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2018 (reason-			
	able o	cause required explain in Part VI) See instructions.			
3	Exces	ss distributions carryover, if any, to 2018			
a	From	2013			
b	From	2014			
С	From	2015			
d	From	2016			
е	From	2017			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2018 distributable amount			
i	Carry	over from 2013 not applied (see instructions)			
j	Rema	under. Subtract lines 3g, 3h, and 3i from 3f.			
4	Dıstrıl	outions for 2018 from Section D,			
	line 7.	. \$			
а	Applie	ed to underdistributions of prior years			
		ed to 2018 distributable amount			
		under. Subtract lines 4a and 4b from 4			
		uning underdistributions for years prior to 2018, if			
		Subtract lines 3g and 4a from line 2. For result greater			
	-	zero, explain in <b>Part VI.</b> See instructions.			
6		uning underdistributions for 2018 Subtract lines 3h		<del></del>	
-		b from line 1. For result greater than zero, explain in			
		// See instructions.		:	
7		ss distributions carryover to 2019. Add lines 3			
•	and 4	· , ,			
8		down of line 7			
		ss from 2014			
		ss from 2015	<del></del> .		
		ss from 2016			
		ss from 2017			
_		ss from 2018			
_	こくしてい	3 NOM 2010		l	i .

Schedule A (Form 990 or 990-EZ) 2018

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# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 Inspection

Name of the organization

CIDI. CONTING OF ALACKA

Employer identification number 92-6000179

Pa	rt I Organizations Maintaining Donor Advise		Accounts Complete if the
<u> </u>	organization answered "Yes" on Form 990, Part IV, lir		Accounts. Complete II the
	Organization answered Tes On Tom 330, Fait 19, iii		(b) Funds and other accounts
1	Total number at end of year	(4) 201101 2411000 141100	(L) r arrae arra errer accounts
2	•		·
3	Aggregate value of contributions to (during year)		·
	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		Yes No
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of impermissible private benefit?	or donor advisor, or for any other purpose come	Yes No
Pai		ganization answered "Ves" on Form 990, Part IV	
1	Purpose(s) of conservation easements held by the organizat		r, iii c 7 .
•	Preservation of land for public use (e.g., recreation or	· ——, · · ·	v important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space	Treservation of a certified t	iistoric structure
2	Complete lines 2a through 2d if the organization held a quali	field consequences contribution in the form of a c	onservation easement on the last
~	day of the tax year	ned conservation contribution in the form of a c	Held at the End of the Tax Year
	Total number of conservation easements		2a
a h	Total acreage restricted by conservation easements		2b
b	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
	Number of conservation easements included in (c) acquired	` '	20
u	listed in the National Register	arter 7/25/00, and not on a historic structure	2d
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by the orga	<del></del>
·	year >	ioacou, oxingaionou, or terrimated by the orga	inzation during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		on easements during the year
	<b>•</b>	-	
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	asements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 170(h)(4)(	B)(ı)
	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	tion's financial statements that describes the or	ganization's accounting for
	conservation easements		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	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 descr	ibes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	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	ducation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gain	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
<u>b</u>	Assets included in Form 990, Part X		<u> </u>
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2018

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		OUTS OF AL						00179	
Pa	rt III   Organizations Maintaining C	Collections of A	rt, Historical Tı	reasures, o	r Othe	r Simil	ar Asse	ts(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of the	following that	are a si	gnıficant	use of its	collection	tems
	(check all that apply)								
а	Public exhibition	C		change program	ms				
þ	Scholarly research	•	e L Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	in how they further t	the organizatio	n's exer	npt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit o	or receive donations	of art, historical trea	asures, or othe	r sımılar	assets		_	
	to be sold to raise funds rather than to be ma							Yes	<u> No</u>
Pa	rt IV Escrow and Custodial Arran		ete if the organization	on answered "\	Yes" on	Form 990	0, Part IV,	line 9, or	
	reported an amount on Form 990, Par	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for contribution	ns or other ass	ets not	ıncluded	_	٦	_
	on Form 990, Part X?							Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f	<u> </u>		
	Did the organization include an amount on Fo					ty?	L	Yes	⊟ No
	If "Yes," explain the arrangement in Part XIII.								
Pai	rt V Endowment Funds. Complete			1	1				
		(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four ye	
1a	Beginning of year balance	78,596.	78,596.	78	,596.		78,596.		78,596.
b	Contributions	100,000.	3 000	-	424		7.540		<del></del>
C	Net investment earnings, gains, and losses	2,063.	3,026.	•	,434.		7,540.		
d	Grants or scholarships				$\longrightarrow$				
е	Other expenditures for facilities	2 063	3 000		434		T 540		
	and programs	2,063.	3,026.		,434.		7,540.		
	Administrative expenses	178,596.	79 506	7.0	506		70 506	_	70 506
g	End of year balance	<u>'</u>	78,596.		,596.		78,596.		78,596.
2	Provide the estimated percentage of the curr	rent year end baland	•	a)) held as					
a	Board designated or quasi-endowment ►  Permanent endowment ► 100.00	%	_%						
b	Temporarily restricted endowment								
C	The percentages on lines 2a, 2b, and 2c sho	%							
32	Are there endowment funds not in the posse	•	ation that are hold a	and administer	ad for th	o organi	ration		
Ja	by	ssion of the organiz	ation that are neid a	ind administen	ea lor tri	ie organiz	Lation	Y	es No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	$\frac{1}{X}$
h	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on Schedule R?					3b	<del> </del>
4	Describe in Part XIII the intended uses of the	•						<u> </u>	
	t VI Land, Buildings, and Equipm		William Tarias.						
	Complete if the organization answered		D. Part IV. line 11a. 9	See Form 990.	Part X. I	line 10.			
	Description of property	(a) Cost or o		or other		cumulate	ed l	(d) Book v	alue
	2000 proporty	basis (investr	, , , ,	(other)		reciation	~	( <b>a</b> ) <b>D</b> 0011 1	uioo
1a	Land			1,487.	· · · · ·			342	734.
	Buildings	247,		1,205.	9	70,6	57.	3,218	
	Leasehold improvements	<u> </u>		7,561.		02,7			828.
	Equipment			5,970.		36,8			082.
	Other			0,368.		50,6			739.
	. Add lines 1a through 1e (Column (d) must ea	gual Form 990 Part	X. column (B), line 1	10c.)			ightharpoonup		419.

Schedule D (Form 990) 2018

Part VII	Investments - Other Securities.				
(a) Decemb	Complete if the organization answered "Yes"				
	otion of security or category (including name of security)	(b) Book value	(c) Method of v	aluation Cost or en	d-of-year market value
	al derivatives				
	-held equity interests			_	
(3) Other					
(A)			<del></del>	<del></del> -	
(B)					
(C)			<del></del>		
<u>(D)</u>	-				
<u>(E)</u>			_		
(F)			<del>-</del> ··		
(G)		-	_		
(H)	b) must equal Form 990, Part X, col. (B) line 12.) ▶				·
	Investments - Program Related.	<del></del>		<del></del> -	
	Complete if the organization answered "Yes"	on Form OOO Dort IV	/ lung 11g Sag Form 000	Dort V. line 12	
	(a) Description of investment	(b) Book value	(c) Method of v	Part X, line 13.	d-of-year market value
· (1)	(0,000,000,000,000,000,000,000,000,000,	(a) Book value	(0) (((0))		3 or your market value
(2)			· ····-		<del></del> .
(3)				<del></del> .	
(4)		-			
(5)					
(6)					
(7)					
(8)				<u> </u>	
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11d. See Form 990,	Part X, line 15.	
	(a) (	Description			(b) Book value
(1)					
(2)					
(3)	·				
(4)			· · · · · · · · · · · · · · · · · · ·		
(5)					
(6)					
(7)					
(8)					
(9)					
Part X	mn (b) must equal Form 990, Part X, col (B) line Other Liabilities.	: 15.)	-u <u></u> ,u	<u> </u>	
Part		F 000 D-+ N	/ los 44 446 Os - Es	- 000 D- 4 V I 05	
4	Complete if the organization answered "Yes" of a Description of liability	on Form 990, Part IV	(b) Book value	n 990, Part X, line 25	·
1.		<del></del>	(b) Book value		
	leral income taxes IEARNED MEMBERSHIP DUES		3,900.		
	BARNED MEMBERSHIF DUES		3,300.		
(3) (4)					
			· <del>-</del> ·		
(5) (6)					
(7)					•
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col (B) line	25)	3,900.		
. Jean (Colu	(2) made aquai to m 000, r are A, cor (b) line	/	3,3001	L	<u></u>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

# **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  GIRL SC	OUTS OF ALASKA					Employer ide 92-6000	ntification number 179
	Complete if the organization answer	ered "Y	es" o	n Form 990, Part IV,	line 1		
1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the	sed funds through any of the following e Solicitates f Solicitates g Special Special Special Part VII) or entity in connection with poviduals or entities (fundraisers) pursus	tion of tion of fundra (includerofess	non-g gover ising i ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cu or con contribu	istody Irol of	(iv) Gross receipts from activity	to (o	Amount paid ir retained by) fundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
<del></del>							
Total  3 List all states in which the organization or licensing.	ın ıs registered or licensed to solicit o	contrib	utions	or has been notified	d it is	exempt from re	egistration
						. <u>.                                   </u>	<u> </u>
					<del></del>		
						_	

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Schedule G (Form 990 or 990-EZ) 2018

نا	ar t	of fundraising event contributions and gr				
			(a) Event #1 AUCTION	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
	İ		(event type)	(event type)	(total number)	col (c))
Revenue			(0.0000,000)	(6.6.11.1) (6.6.11.1)	(Columbia)	
3ève	1	Gross receipts	29,725.			29,725.
_	2	Less Contributions	25,765.			25,765.
_	3	Gross income (line 1 minus line 2)	3,960.			3,960.
	4	Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	14,485.			14,485.
	10					14,485. <10,525.
P	art l	Net income summary. Subtract line 10 from li  III Gaming. Complete if the organization is		990 Part IV line 19 or	reported more than	<10,525.
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1000,1 arc 14, mile 10, or	reported more than	
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Birigo	bingo/progressive bingo	(c) Other garning	col. (a) through col (c))
æ						
_	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes%	Yes %	
	7	Direct expense summary. Add lines 2 through				,
	8	Net gaming income summary Subtract line 7	from line 1, column (a)		<u>P</u> _	
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities			
а		the organization licensed to conduct gaming a	_	states?		Yes No
b	lf "	No," explain			<u>-</u> .	
	_				·.	
10-	10/0					Yes No
		ere any of the organization's gaming licenses re Yes," explain	•		year '	└── Yes └── No
					····	
8320	82 10	0-03-18			Schedule G (For	rm 990 or 990-EZ) 2018
						<b>,</b>

Sch	nedule G (Form 990 or 990-EZ) 2018 GIRL SCOUTS OF ALASKA	92-6000179 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
	to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in	
	The organization's facility	13a   %
	o An outside facility	13b 9
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	
• •	The first the first and address of the person who prepares the organization's gaining/special events books and record	13
	Name	
	Address	
<b>15</b> a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
Ŀ	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	unt
	of gaming revenue retained by the third party  \$	
c	If "Yes," enter name and address of the third party	
	Nome >	
	Name	
	Address >	
16	Gaming manager information	
	Name ►	
	Gaming manager compensation ▶ \$	
	Carming manager compensation > \$\psi	
	Description of services provided	
	· · · · · · · · · · · · · · · · · · ·	
		-
	☐ Director/officer ☐ Employee ☐ Independent contractor	
17	Mandatory distributions	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	L Yes      No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the
_	organization's own exempt activities during the tax year ▶ \$	
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable Also provide any additional information. See instructions	<del></del>
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_		

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Schedule G (Form 990 or 990-EZ) 2018

hedule G (Form 990 or 990-EZ) GIRL SCOUTS OF ALASKA	92-6000179 <sub>Page</sub>
hedule G (Form 990 or 990-EZ) GIRL SCOUTS OF ALASKA Part IV Supplemental Information (continued)	
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	<del></del>
•	

13570603 759209 84543

SCHEDULE I (Form 990) Department of the Treasury	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  ▶ Attach to Form 990.	i Other A S, and In nization ansv	er Assistance tc d Individuals in answered "Yes" on Fo ▼Attach to Form 990.	Grants and Other Assistance to Organizations, overnments, and Individuals in the United State plete if the organization answered "Yes" on Form 990, Part IV, line 21 or Attach to Form 990.	izations, ted States t IV, line 21 or 22.		2018 Open to Public
Department of the measury Internal Revenue Service	<b>▼</b> Go to v	www.irs.gov/	Form990 for	Go to www.irs.gov/Form990 for the latest information.	lation.		Inspection
Name of the organization GIRL SCOUTS OF	F ALASKA						Employer identification number 92-6000179
General Information on Grants and Assistance	stance			į			
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	intiate the amount of the	grants or ass	sistance, the ç	grantees' eligibility	/ for the grants or ass	sistance, and the selec	
criteria used to award the grants or assistance?	:	:	:	·			X Yes No
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	for monitoring the use o	of grant funds	in the United	States			
Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.	ic Organizations and Do	omestic Gove	ernments. Co	omplete if the orga	Inization answered "\	res" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization (b) or government	(b) EIN (c) IRC section (f applicable)	tion (d) /	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	v						
Enter total number of section 501(c)(3) and government organizations listed in Enter total number of other organizations listed in the line 1 table	riment organizations lister	ed in the line 1 table	1 table				
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Instructions for Form	990.					Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) GIRL SCOUTS OF ALASKA

Page 2

92-6000179

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

Part III

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance Ö ö 。 130. 83,935, 75,975, (c) Amount of cash grant 2506 1521 1577 (b) Number of recipients (a) Type of grant or assistance PROGRAM FEES AND EVENT SCHOLARSHIPS MEMBERSHIP FEES ASSISTANCE CAMP ASSISTANCE

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2

SCOUT MEMBERSHIP MEMBERSHIP FEE ASSISTANCE IS FINANCIAL ASSISTANCE FOR GIRL

THE AMOUNT OF THE MEMBERSHIP DUES DUES. FUNDS ARE NOT GIVEN TO MEMBERS. OWED BY THE 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 DISCOUT OR RELIEF OF THE FEE

LIKE MEMBERSHIP CAMP FEES. CAMP ASSISTANCE IS FINANCIAL ASSISTANCE FOR HS THE AMOUNT OF THE CAMP FEE FUNDS ARE NOT GIVEN TO MEMBERS. ASSISTANCE,

832102 11-02-18

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection

Name of the organization **Employer identification number** GIRL SCOUTS OF ALASKA 92-6000179 Types of Property Part I (b) (d) (a) (c) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts tems contributed Form 990, Part VIII, line 1g X Art - Works of art 10 4.128.FMV 1 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications X 5,808.FMV 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution -Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 985.FMV X 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 19,023.FMV (GIFT CERTIFIC) X 63 25 Other -X 879.FMV **JEWELRY** 8 26 Other CRAFT SUPPLIE X 1 500.FMV 27 Other Other > 28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for X exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II X 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II

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33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2018

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Schedule M (Form 990) 2018

# **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 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Name of the organization

GIRL SCOUTS OF ALASKA

Employer identification number 92-6000179

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAM AND 439 GIRLS PARTICIPATED IN THE NUT & CANDY PROGRAM.

FORM 990, PART VI, SECTION B, LINE 11B:

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

POSITIONS, AND COMPARABLE ORGANIZATIONS TO HELP DETERMINE CEO COMPENSATION.

ANNUAL CEO PERFORMANCE REVIEWS ARE DOCUMENTED AND CONSIDERED BY THE BOARD

WHEN APPROVING COMPENSATION.

OTHER OFFICERS AND KEY EMPLOYEE COMPENSATION DECISIONS ARE BASED ON

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Schedule O (Form 990 or 990-EZ) (2018)

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