Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

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

Inspection

A	or th	ne 201	7 calendar year, or tax year begi	nning 10/01, 20	17, and ending	}		09	/30, 20 ₁₈
D			C Name of organization			D	Employer id	entific	ation number
D	heck if a	pplicable:	GIRL SCOUTS OF THE UN	WITED STATES OF AMERIC	CA				
	Addr chan		Doing Business As				13-1624	4016	ŝ
П	Name	e change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite	E	Telephone n	umbei	
	Initia	! return	420 FIFTH AVENUE			(212) 85	2 ~ 8	000
	Term	inated	City or town, state or province, country,	and ZIP or foreign postal code			***************************************		
	Ame		NEW YORK, NY 10018			G	Gross receip	ts \$	207,614,242.
		cation	F Name and address of principal officer:	SYLVIA ACEVEDO		H(a) is this a gro		
-			420 FIFTH AVENUE NEW	YORK, NY 10018		н	subordinates b) Are all subord		
1	Tax-ex	cempt sta	atus: X 501(c)(3) 501(c) () (insert no.) 4947(a)	(1) or 527		•		. (see instructions)
J	Webs	ite: >	WWW.GIRLSCOUTS.ORG			H	c) Group exem		•
K	Form	of organ	ization: X Corporation Trust	Association Other	L. Year of f				of legal domicile: DC
_	art l		nmary		1 = 1341 41		•••	01010	or regar destrone.
			describe the organization's mission of	or most significant activities. GIRI	SCOUTING	BUILD	S GIRLS	OF	COURAGE.
0	'		FIDENCE, AND CHARACTER,						
auc			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
ern	2	Check	this box if the organization of	discontinued its operations or disp	opad of more than	250/ of	ita aat sasat		
Activities & Governance	3		er of voting members of the governing					3	29.
જ	4	Numbe	er of independent voting members of	the governing body (Part VII line 1h	۸	• • • •	• • • • •	4	29.
es	5	Total	number of individuals employed in cale	and arriage 2017 (Port V. line 20)	······			5	399.
Ξ	6		number of volunteers (estimate if neces					6	742,000.
Act	72				• • • • • • • •			7a	3,099,012
	/a	Motur	inrelated business revenue from Part V	Tir, column (C), line 12					3,099,012
	U	INGLUSS	related business taxable income from	Form 990-1, line 34			rior Year	7b	C
		Cantail	nisting and number (Dout MH 25cc 45c)					_	Current Year
Ë	8	Contri	outions and grants (Part VIII, line 1h)	· · · · · · · · · · · · · · · · · · ·	OPY FOR		1,382,28		15,983,792
Revenue	9	Progra	m service revenue (Part VIII, line 2g)	PUBLIC	INSPECTION		786,46		70,805,592.
S,		1114031	none arconne (r arc var, commar (A), asa	es J. 4, and ru)			.,787,21		10,744,992.
	11		revenue (Part VIII, column (A), lines 5,				,054,36	-	34,937,936.
	12		evenue - add lines 8 through 11 (mus				,210,33		132,472,312.
	13	Grants	and similar amounts paid (Part IX, col	umn (A), lines 1-3)			,515,05		9,073,549.
	14	Beneti	ts paid to or for members (Part IX, colu	ımn (A), line 4)			339,46		330,864.
36S	15	Salarie	s, other compensation, employee ben	efits (Part IX, column (A), lines 5-10)	45	,793,21		49,243,499.
Expenses	16a	Profes	sional fundraising fees (Part IX, columr	n (A), line 11e)	<u>.</u>		12,96	8.	228,830.
ΕX			undraising expenses (Part IX, column (<u> </u>		
		Other	expenses (Part IX, column (A), lines 11	a-11d, 11f-24e)			,128,96		65,932,495.
	18		xpenses. Add lines 13-17 (must equal				,789,66		124,809,237.
L W	19	Reven	ue less expenses. Subtract line 18 fron	n line 12			,420,66		7,663,075.
Net Assets or Fund Balances					E		of Current Y		End of Year
sse	20					270	,479,47	0.	272,718,664.
걸	21	Total li	abilities (Part X, line 26)				,192,64		73,890,445.
žį	22	Net as	sets or fund balances. Subtract line 21	from line 20		183	,286,83	0.	198,828,219.
	rt II		nature Block		***************************************			·	
Unc	er per	nalties of	perjury, I declare that I have examined the complete. Declaration of preparer (other than	is return, including accompanying school	edules and stateme	nts, and i	to the best of	my k	nowledge and belief, it is
		T		1	filer preparer has t	atty KIIOWI	cuye.		
Sig	m	.	- Wheles U	dew)		***************************************	5/12/	201	9
Hei		🚩 🤻	Signature of officer				Date		
1161	•			FINANCIAL OFFICER					
		ļ	ype or print name and title						
Paid		1	ype preparer's name	Preparer's signature	Date		Check	if P	TIN
	oarer	DANI	EL ROMANO		5/13/	2019	self-employe	ed)	P00504182
•	Only	Firm's	name > GRANT THORNTON L	Fir	Firm's EIN ▶ 36-6055558				
	~····y	Firm's	address 🕨 757 THIRD AVENUE, 3RD F	LOOR NEW YORK, NY 10017-2013		Pho	one no.	212-	-599-0100
Vlay	the II	RS disc	uss this return with the preparer show	n above? (see instructions)					X Yes No
For	Paper	work F	Reduction Act Notice, see the separat	e instructions.			·····		Form 990 (2017)

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

_	-							
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).					—
	ons required to file an income tax return othe		· · · · · · · · · · · · · · · · · · ·	0-C filers), partnerships.	REI	MICs. a	and trusts	— 3
	rm 7004 to request an extension of time to fi		·			,		
	•			Enter filer's identifyin	g nu	mber, se	ee instructi	ions
	Name of exempt organization or other filer, see in	structions.		Employer identification nu				_
Гуре or						` ,		
orint	GIRL SCOUTS OF THE UNITED STAT	TES OF A	AMERICA	13-162401	6			
ile by the	Number, street, and room or suite no. If a P.O. box	x, see instruc	ctions.	Social security number (SS	 SN)			_
lue date for iling your	420 FIFTH AVENUE			, ,	,			
eturn. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.							_
nstructions.	NEW YORK, NY 10018							
Entar the Bo	turn Code for the return that this application	ic for (file	a congrate application for	or each return)			0 1	ī
inter the Re	turn Code for the return that this application	is for (file a	a separate application i	or each return)				_
Application		Return	Application				Retur	n
s For		Code	Is For				Code	
	Form 990-EZ	01	Form 990-T (corporat	tion)			07	
orm 990-BL		02	Form 1041-A				08	
orm 4720 (03	Form 4720 (other tha	an individual)			09	_
Form 990-PF	•	04	Form 5227				10	
	(sec. 401(a) or 408(a) trust)	05	Form 6069				11	
	(trust other than above)	06	Form 8870				12	_
	ANGELA OLDEN		•					_
The books	s are in the care of > 420 FIFTH AVENUE	E NEW YO	ORK NY 10018					
Telephone	e No. ▶ 212 852-8000	F	Fax No. ▶					
	nization does not have an office or place of I	 business in	the United States, che	ck this box			▶ [
If this is fo	or a Group Return, enter the organization's fo	ur digit Gro	up Exemption Number	(GEN)	•	. If th	nis is	
or the whole	e group, check this box	f it is for pa	irt of the group, check	this box	;	- and at	tach	
	e names and EINs of all members the extensi							
	st an automatic 6-month extension of time ur		08/15 , 20	19 , to file the exempt	org	anizat	ion returi	<u> </u>
	organization named above. The extension is							
▶	calendar year 20 or							
► X	tax year beginning10/0	1_, 20 1	7 _, and ending	09/30_,	20 _	L8		
2 If the ta	ax year entered in line 1 is for less than 12 m	onths, chec	ck reason: Initial r	eturn Final returr	า			
c	hange in accounting period							
3a If this a	application is for Forms 990-BL, 990-PF, 99	90-T, 4720), or 6069, enter the	tentative tax, less any				
nonrefu	indable credits. See instructions.				3a	\$		0.
b If this	application is for Forms 990-PF, 990-T,	4720, oi	r 6069, enter any re	efundable credits and				
	ed tax payments made. Include any prior yea				3b	\$		0.
c Balance	e due. Subtract line 3b from line 3a. Include	your paym	ent with this form, if re	quired, by using EFTPS				
	onic Federal Tax Payment System). See instru				3с			0.
Caution. If you	are going to make an electronic funds withdrawa	I (direct deb	it) with this Form 8868, se	ee Form 8453-EO and Form	า 887	'9-EO f	or paymer	nt
nstructions.								
or Privacy A	ct and Paperwork Reduction Act Notice, see instr	uctions.			Form	8868	(Rev. 1-20	017)

GIRL SCOUTS OF THE UNITED STATES OF AMERICA 13-1624016 Form 990 (2017) Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: ATTACHMENT 1 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? _______ If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program X No If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 44,947,633. including grants of \$ 6,356,762.) (Revenue \$ COMPREHENSIVE COUNCIL SUPPORT: - PROVIDE DIRECT CONSULTING AND ASSISTANCE (MEMBERSHIP, BUSINESS OPERATIONS, GOVERNANCE, ETC.) TO ALL 112 GIRL SCOUT COUNCILS, TO ENSURE THAT GIRL SCOUT PROGRAMS AND SERVICES ARE DELIVERED EFFECTIVELY AND CONSISTENTLY NATIONWIDE. - PROVIDE THIS SAME SUPPORT TO USA GIRL SCOUTS OVERSEAS, TO ASSURE THE DELIVERY OF SERVICES TO GIRL SCOUT FAMILIES IN 90-PLUS COUNTRIES WORLDWIDE IN ACCORDANCE WITH THE MISSION, POLICIES, AND GOALS OF THE ORGANIZATION. 4b (Code:) (Expenses \$ 41,416,448. including grants of \$ 2,701,414.) (Revenue \$ GIRL PROGRAM DEVELOPMENT AND ADULT LEARNING OPPORTUNITIES: - DEVELOP AND EVALUATE TIMELY, GIRL-ENDORSED PROGRAMMING FOR GIRL MEMBERS OF GSUSA, UPHOLDING GSUSA'S REPUTATION AS THE PREMIER LEADERSHIP DEVELOPMENT EXPERIENCE FOR GIRLS. - DEVELOP AND EVALUATE LEARNING OPPORTUNITIES FOR ADULT MEMBERS OF GSUSA, SO THAT GIRL SCOUT VOLUNTEERS FEEL SUPPORTED AND ABLE TO CONFIDENTLY AND EFFECTIVELY GUIDE AND DELIVER PROGRAMMING TO GIRLS.

4c (Code:) (Expenses \$ 22,806,463. including grants of \$ o.)(Revenue\$ 11,842,969.) ATTACHMENT 2

ATTACHMENT 3 **4d** Other program services (Describe in Schedule O.)

15,373.) (Revenue \$

111,444,421. **4e** Total program service expenses ▶

2,273,877. including grants of \$

(Expenses \$

1,180,782.

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Part	IV Checklist of Required Schedules			
	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent 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,"		3.7	
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more		77	
	of its total 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			Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	114		Х
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	Х	21
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	21	
٠	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
. - u	Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	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

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25.0		Х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		- 21
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
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	$ \ \text{Did the organization liquidate, terminate, or dissolve and cease operations?} \textit{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,"			Х
	complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22	х	
2.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	21	
34		34	Х	
35a	or IV, and Part V, line 1	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	200		
55	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		
٠.	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> ,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	-		
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

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Part V Statements Regarding Other IRS Filings and Tax Compliance Yes Nο 173 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0. **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <u>1b</u> c Did the organization comply with backup withholding rules for reportable payments to vendors and X 1c reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . 2a Χ 2b b If at least one is reported on line 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) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?...... Χ **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X 4a **b** If "Yes," enter the name of the foreign country: $\blacktriangleright \underline{\mathrm{JAPAN}}$ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?...... Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ 7с X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year?........... Sponsoring organizations maintaining donor advised funds. 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... Section 501(c)(7) organizations. Enter: 10 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state?........ Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which

JSA 7E1040 1.000

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

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.

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> 29	9		
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_	37	
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		Х	
	stockholders, or persons other than the governing body?	7b	Λ	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Х	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	_	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
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	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
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	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe 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	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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	16a		X
	with a taxable entity during the year?	IVa		21
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?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 4			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	onlv)
	available for public inspection. Indicate how you made these available. Check all that apply.	1 (0	,,,,,,,	,
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	/, and
20	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 record	c · 🕨		
20	State the name, address, and telephone number of the person who possesses the organization's books and record ANGELA OLDEN 420 FIFTH AVENUE NEW YORK, NY 10018	ა. 🚩		

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for	box,	unles	Pos neck ss pe d a d	rson	e than c is both tor/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)KATHY HOPINKAH HANNAN	10.00									
NATIONAL PRESIDENT	0.	Х		Х				0.	0.	0.
(2)SHARON HOSKIN MATTHEWS	10.00									
FIRST VICE PRESIDENT	0.	Х		Х				0.	0.	0.
(3)JEANNE KWONG BICKFORD	10.00									
SECOND VICE PRESIDENT	0.	Х		Х				0.	0.	0.
(4)CHARLES MCLANE JR	10.00									
TREASURER	0.	Х		Х				0.	0.	0.
(5)NOORAIN KHAN	10.00									
SECRETARY	0.	X		Х				0.	0.	0.
(6) JENNY ALONZO	5.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(7)MARY ANN ALTERGOTT	5.00									
BOARD MEMBER (AS OF 10/06/17)	0.	Х						0.	0.	0.
(8)MARY STENGEL AUSTEN	5.00									
BOARD MEMBER (AS OF 10/06/17)	0.	Х						0.	0.	0.
(9)CARRI BAKER	5.00									
BOARD MEMBER (THRU 10/06/17)	0.	X						0.	0.	0.
(10)JUDITH N. BATTY	5.00									
BOARD MEMBER	0.	X						0.	0.	0.
(11)CYNTHIA BRINKLEY	5.00									
BOARD MEMBER (AS OF 10/06/17)	0.	X						0.	0.	0.
(12)ANNE CHOW	5.00									
BOARD MEMBER	0.	X						0.	0.	0.
(13)WENDY DRUMMOND	5.00									
BOARD MEMBER (AS OF 10/06/17)	0.	X						0.	0.	0.
(14)LYNN M. GANGONE	5.00									
BOARD MEMBER (THRU 10/06/17)	0.	Х						0.	0.	0.

JSA 7E1041 1.000

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per	(do r	not c		ition mor	e than o	ne	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any	box,	unles	ss pe	erson	is both	an	from	related	other
	hours for		_			tor/trust		the	organizations	compensation from the
	related organizations	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	below dotted	du a	utior	막	ldmi	est c	er	(**-2/1099-10130)		and related
	line)	trus	nal tr		оуеє	omp				organizations
		stee	l trustee			ens				
			ď			ated				
15) DINEEN GARCIA	5.00									
BOARD MEMBER (THRU 04/10/18)	0.	Х						0.	0.	0.
16) CHARLES GARCIA JR	5.00									
BOARD MEMBER (AS OF 10/06/17)	0.	Х						0.	0.	0.
17) VICKI GARDNER	5.00									
BOARD MEMBER (AS OF 10/06/17)	0.	X						0.	0.	0.
18) VALARIE A. GELB	5.00									
BOARD MEMBER (AS OF 10/06/17)	0.	X						0.	0.	0.
19) MONICA GIL	5.00									
BOARD MEMBER (THRU 10/06/17)	0.	X						0.	0.	0.
20) STEVEN GILLILAND	5.00									
BOARD MEMBER	0.	X						0.	0.	0.
21) JEANMARIE C GRISI	5.00									
BOARD MEMBER	0.	Х						0.	0.	0.
22) JOHN HOM	5.00									
BOARD MEMBER (THRU 07/01/18)	0.	X						0.	0.	0.
23) KAREN P. LAYNG	5.00								_	_
BOARD MEMBER (AS OF 10/06/17)	0.	Х						0.	0.	0.
24) WONYA LUCAS	5.00								_	_
BOARD MEMBER (THRU 10/06/17)	0.	X						0.	0.	0.
25) ROSE LITTLEJOHN	5.00									
BOARD MEMBER (AS OF 10/06/17)	0.	X						0.	0.	0.
1b Sub-total								<u> </u>	0.	0.
c Total from continuation sheets to Part VII, S	-						>	5,663,699.	0.	715,558.
d Total (add lines 1b and 1c)							<u> </u>	5,663,699.	0.	715,558.
2 Total number of individuals (including but not reportable compensation from the organization		nose 137		d al	bov	e) who	o re	ceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former office	er, directo	r, or	tru	ıste	e,	key e	mp	loyee, or highes	t compensated	
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	livid	ual						3 X
4 For any individual listed on line 1a, is the	sum of rer	ortab	ole d	com	per	satior	n ar	nd other compens	sation from the	
organization and related organizations graindividual										4 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 55

Part VII

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Form 990 (2017)

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plc	ye	es,	and F	lig	hest Compensat	ed Employees (d	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe d a d	rson lirect	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	an com	(F) stimated nount of other pensation om the	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org and	anizatio d related anization	d
26) SUSAN MAJOR	5.00											
BOARD MEMBER (AS OF 10/06/17)	0.	X						0.	0.			0.
27) CINDY MILLER BOARD MEMBER (AS OF 10/06/17)	5.00	X						0.	0.			0.
28) MINA NGUYEN	5.00							0.	0.			
BOARD MEMBER	 0.	X						0.	0.			0.
29) DEBRA NIELSON	5.00											
BOARD MEMBER	† <u>-</u> 0.	Х						0.	0.			0.
30) SUSAN PETERS	5.00											
BOARD MEMBER (THRU 10/06/17)	0.	Х						0.	0.			0.
31) NORMA PROVENCIO PICHARDO	5.00											
BOARD MEMBER	0.	X						0.	0.			0.
32) NANCY REARDON	5.00								_			
BOARD MEMBER (THRU 10/06/17)	0.	X						0.	0.			0.
33) ERIKA ROTTENBERG BOARD MEMBER (AS OF 10/06/17)	5.00	X						0.	0.			0.
34) SAPREET KAUR SALUJA	5.00	Α.						0.	0.			
BOARD MEMBER (THRU 10/06/17)	 0.	X						0.	0.			0.
35) TROOPER SANDERS	5.00											
BOARD MEMBER	† <u>-</u> 0.	X						0.	0.			0.
36) JULIE SYGIEL	5.00											
BOARD MEMBER (THRU 10/06/17)	0.	Х						0.	0.			0.
total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste		bove	e) who	> re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	Х	
4 For any individual listed on line 1a, is the	sum of rep	ortab	ole d	com	per	satior	n ai	nd other compens	sation from the			
organization and related organizations gr individual	eater than	\$15	0,0	00?	' If	"Yes	5, "	complete Schedu	le J for such	4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5		Х
Section B. Independent Contractors												

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employees (d	continue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than on is both sor/truste en than one is both sor/truste en	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com fr org an	(F) stimated nount of other pensatio om the anization d related anization	on n I
37) BECKY SCHMITT	5.00											
BOARD MEMBER (AS OF 10/06/17)	0.	X						0.	0.			0.
38) SUZANNE WADE	5.00											
BOARD MEMBER (AS OF 10/06/17)	0.	Х						0.	0.			0.
39) SHARON WIBBEN	5.00											
BOARD MEMBER (THRU 10/06/17)	0.	Х						0.	0.			0.
40) LORIA YEADON	5.00											
BOARD MEMBER	0.	Х						0.	0.			0.
41) SYLVIA ACEVEDO	35.00											
CHIEF EXECUTIVE OFFICER	0.			Х				551,186.	0.		47,3	41.
42) ANGELA OLDEN	35.00											
CHIEF FINANCIAL OFFICER	0.			Х				353,192.	0.		53,7	25.
43) ANTHONY DOYE	35.00											
CHIEF OPERATING OFFICER	0.			Х				442,907.	0.		54,7	57.
44) JENNIFER ROCHON	35.00											
GENERAL COUNSEL	0.				Х			320,449.	0.		56,4	06.
45) FLORENCE GODFREY	35.00											
CHIEF MARKETING & COMM. OFF.	0.				X			244,910.	0.		51,1	81.
46) JOANNE RENCHER	35.00											
CHIEF BUSINESS & TALENT OFF.	0.				Х			328,790.	0.		44,6	90.
47) BARRY HOROWITZ	35.00											
CHIEF REVENUE OFFICER	0.				Х			329,961.	0.		22,7	10.
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	<u> </u>						> >		0400.000.			
Total number of individuals (including but not reportable compensation from the organization)				d al	bove	e) who	re	eceived more than	\$100,000 of		1	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	Yes	No
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	00?	. If	"Yes	,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or												

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

for services rendered to the organization? If "Yes," complete Schedule J for such person

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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Form 990 (2017) Page **8**

Part VII Section A. Officers, Directors, Tru	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									
(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box, office	unles r and	s pe	more rson irect	than o	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
48) ANNETTE FREYTAG	35.00									
CHIEF OF STAFF	0.				X			223,291.	0.	28,743.
(49) LISA MARGOSIAN CHIEF CUSTOMER OFFICER	35.00				Х			317,772.	0.	19,111.
50) NATALYE PAQUIN	35.00									
CHIEF TRANSFORMATION OFFICER	0.				Х			241,270.	0.	11,841.
51) AMY BERKOWITZ	35.00									
CHIEF INFORMATION OFFICER	0.				X			304,727.	0.	25,862.
52) ELENA PAK	35.00									
CHIEF PHILANTHROPY EXECUTIVE	0.				Х			272,116.	0.	51,469.
53) SARAH ANGEL-JOHNSON	35.00									
CHIEF ENTERPRISE INTEG. OFF.	0.				Х			217,904.	0.	52,067.
54) ANDREA BASTIANI ARCHIBALD	35.00									
CHIEF FAMILY ENGAGEMENT OFF.	0.				Χ			166,242.	0.	50,923.
55) KERRY CONNOLLY	35.00									
VP COUNCIL CONSULTING	0.					X		215,748.	0.	27,912.
56) CLAIRE FERRARIN SENIOR HR BUSINESS PTNR.	35.00					Х		228,127.	0.	26,491.
57) SOFINA QURESHI	35.00							220/12/.	0.	20,151.
VP COOKIE STRATEGY & TRANSFORM	0.					X		217,257.	0.	28,052.
58) PAMELA KOURNETAS	35.00							,		
DEPUTY CHIEF FINANCIAL OFFICER	0.					Х		222,082.	0.	12,489.
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						* * *			
2 Total number of individuals (including but not reportable compensation from the organization		nose I 137		d at	ove	e) who	o re	ceived more than	\$100,000 of	
Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations great										

for services rendered to the organization? *If "Yes," complete Schedule J for such person*Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Tru		y ⊑II	ihio			ани Г	ııyı	1			
(A) Name and title	Average hours per week (list any hours for	Average ours per (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation compen from re		(E) Reportable compensation from related organizations	Estir amo ot compe	mated ount of ther ensation					
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organ and i	n the nization related nizations
59) BRIAN CRAWFORD	35.00					v		211 040	0	1	. 700
VP SALES & LICENSING	0.					Х		211,049.	0.	4	19,788
50) ANNA MARIA CHAVEZ	35.00						37	254 710	0		0
FORMER CHIEF EXECUTIVE OFF.	0.						X	254,719.	0.		0
1b Sub-total c Total from continuation sheets to Part VII, So	ection A						* *				
d Total (add lines 1b and 1c)	limited to t	nose	liste				o re	ceived more than	\$100,000 of		
reportable compensation from the organization	n ▶	137	7								Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3	X
4 For any individual listed on line 1a, is the sorganization and related organizations greindividual	sum of repeater than	ortab \$15	le c 50,0	om 00?	pen	sation "Yes	n aı	nd other compens	sation from the	4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on f	fron	n any	un	related organization		5	X
Section B. Independent Contractors	, 55111610	. 5 501			. 01	20011	,001				
Complete this table for your five highest com compensation from the organization. Report c year.											

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \blacktriangleright

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Part VIII	Statement	of	Revenue
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		Check if Schedule O contains a respon	nse or note to an	y line in this Part VII	1		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts tr	1a	Federated campaigns 1a	13,228.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
s, G	c	Fundraising events 1c					
Sift lar,	d	Related organizations					
in.	e	Government grants (contributions) 1e	824,944.				
tio S z	f	All other contributions, gifts, grants,					
혈		and similar amounts not included above . 1f	15,145,620.				
id it	g	Noncash contributions included in lines 1a-1f: \$	788,910.				
	h	Total. Add lines 1a-1f		15,983,792.			
ne			Business Code				
Ven	2a	MEMBERSHIP DUES	624100	57,871,000.	57,871,000.		
Re	b	MEETING AND LEARNING EVENTS	721000	7,075,477.	4,189,667.	2,885,810.	
ice	C	SOFTWARE MAINTENANCE	518210	5,499,928.	5,499,928.		
Program Service Revenue	d	USAGSO COUNCIL SERVICE FEE	900099	194,986.	194,986.		
	e	USAGSO REVENUE SHARE	900099	136,935.	136,935.		
g	f	All other program service revenue		27,266.	27,266.		
Pro	g	Total. Add lines 2a-2f		70,805,592.			
	3	Investment income (including dividen					
		and other similar amounts)		2,362,831.		78,312.	2,362,831.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties	•	8,818,800.			8,818,800.
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)	▶	0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 61,484,582.	2,839,229.				
	b	Less: cost or other basis					
		and sales expenses 55,941,650.					
	С	Gain or (loss) 5,542,932.	2,839,229.				
	d	Net gain or (loss)	<u></u> ▶	8,382,161.		134,890.	8,247,271.
ø	8a	Gross income from fundraising					
nue		events (not including \$					
Other Revenue		of contributions reported on line 1c).					
e		See Part IV, line 18 a					
ફ	b	Less: direct expenses b					
	С	Net income or (loss) from fundraising events	<u></u>	0.			
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities.	<u> </u>	0.			
	10a	Gross sales of inventory, less					
		returns and allowances a	45,192,145.				
	b	Less: cost of goods sold b	19,200,280.				
	С	Net income or (loss) from sales of inventory.		25,991,866.	25,991,866.		
		Miscellaneous Revenue	Business Code				
	11a	EMCC SERVICE CHARGES	900099	35,278.			35,278.
	b	MISCELLANEOUS REVENUES	900099	91,992.			91,993.
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		127,270.			
184	12	Total revenue. See instructions		132,472,312.	93,911,648.	3,099,012.	19,556,173.

7E1051 1.000

Part IX Statement of Functional Expenses

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 resp			· · · · · · · · · · · · · · · · · · ·	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,908,549.	8,908,549.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	160,000.	160,000.		
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	5,000.	5,000.		
4	Benefits paid to or for members	330,864.	330,864.		
	Compensation of current officers, directors, trustees, and key employees	4,317,556.	3,086,392.	819,215.	411,949.
	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0. 34,881,612.	31,146,350.	2,324,883.	1,410,379.
	Other salaries and wages	34,001,012.	31,110,330.	2,321,003.	1,110,375.
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,913,402. 4,502,279.	2,445,980.	390,228. 542,642.	77,194.
9	Other employee benefits				
10	Payroll taxes	2,628,650.	2,215,809.	342,790.	70,051.
11 a	Fees for services (non-employees): Management	181,614.	181,614.		
	Legal	944,553.	717,124.	192,970.	34,459.
	Accounting	444,948.	365,772.	26,329.	52,847.
	Lobbying	208,673.	208,673.		
	Professional fundraising services. See Part IV, line 17	228,830.			228,830.
	f Investment management fees	515,680.		515,680.	
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule (A) ATCH 6	20,112,786.	19,350,356.	652,369.	110,061.
12	Advertising and promotion	1,793,568.	1,752,167.	36,393.	5,008.
	Office expenses	2,633,931.	2,410,920.	153,763.	69,248.
14	Information technology	15,436,849.	14,319,323.	482,300.	635,226.
15	Royalties	0.			
	Occupancy	4,385,453.	3,705,155.	510,274.	170,024.
	Travel	4,125,519.	3,792,564.	198,579.	134,376.
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20		10,943.	8,681.	1,474.	788.
21	Interest Payments to affiliates	1,241,636.	1,241,636.		
22	Depreciation, depletion, and amortization	9,351,659.	8,993,545.	146,993.	211,121.
23	Insurance	690,045.	267,205.	422,840.	,
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 O.)				
а	CREDIT CARD PROCESSING FEES	1,251,542.	260,553.	988,771.	2,218.
b	FOOD SERVICES	1,248,870.	1,183,875.	64,345.	650.
c	COMMISSION EXPENSE	418,683.	418,683.		
d	PAYROLL FEES	226,156.		226,156.	
e	All other expenses	709,387.	117,684.	588,919.	2,784.
	Total functional expenses. Add lines 1 through 24e	124,809,237.	111,444,421.	9,627,913.	3,736,903.
_	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			
JSA					F 000 (0047)

Page **11** Form 990 (2017)

Part X **Balance Sheet**

ше	ונא				
		Check if Schedule O contains a response or note to any line in this P	art X		<u> </u>
-			(A) Beginning of year		(B) End of year
			23,166.		41,988.
	1	Cash - non-interest-bearing	43,556,716.	1	34,015,071.
	2	Savings and temporary cash investments	7,137,750.	2	6,856,343.
	3	Pledges and grants receivable, net	6,320,434.	3	5,929,797.
	4	Accounts receivable, net	0,320,434.	4	5,949,797.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.	0.	_	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0.	6	0.
ts	_	organizations (see instructions). Complete Part II of Schedule L	0.	7	0.
Assets	7	Notes and loans receivable, net	6,389,032.	8	6,625,321.
⋖	8	Inventories for sale or use Prepaid expenses and deferred charges	3,223,933.	9	1,669,882.
	9	Land, buildings, and equipment: cost or	372237333.	9	170077002.
	IVa	other basis. Complete Part VI of Schedule D 109,705,853.			
	h	Less: accumulated depreciation	38,512,411.	100	43,958,490.
	11	Investments - publicly traded securities	41,378,245.	11	45,516,941.
	12	Investments - other securities. See Part IV, line 11	122,875,050.	12	127,161,071.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	1,062,733.	15	943,760.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	270,479,470.	16	272,718,664.
	17	Accounts payable and accrued expenses	16,863,170.	17	16,343,573.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	39,448,724.	19	33,315,007.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
jab		disqualified persons. Complete Part II of Schedule L	0.		0.
_	23	Secured mortgages and notes payable to unrelated third parties	0.		0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	20 000 546		04 031 065
		of Schedule D	30,880,746. 87,192,640.	25	24,231,865. 73,890,445.
_	26	Total liabilities. Add lines 17 through 25	07,192,040.	26	73,890,445.
es		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.			
Fund Balances	27	Unrestricted net assets	123,220,931.	27	132,902,522.
Bal	28	Temporarily restricted net assets	33,787,811.	28	37,961,849.
둳	29	Permanently restricted net assets	26,278,088.	29	27,963,848.
or Fu		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		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	183,286,830.	33	198,828,219.
_	34	Total liabilities and net assets/fund balances	270,479,470.	34	272,718,664.
					Form QQ0 (2017)

orm 99	30 (2017)				Pa	ge IZ
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	32,4	72,3	312.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1:	24,8		
3	Revenue less expenses. Subtract line 2 from line 1	3			63,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	83,2		
5	Net unrealized gains (losses) on investments	5		4,5	26,4	136.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		3,3	51,8	378.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	1	98,8	28,2	219.
Part	· · ·					
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>			
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	ı in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	int?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	า in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	າ in			
	the Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the		3.5	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b	X	

SCHEDULE A (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service

Nam	e of t	he organization					Employer identif	ication number		
GII	RL :	SCOUTS OF THE UNITE	D STATES OF	AMERICA			13-16240	16		
Pa	rt I	Reason for Public Cha	rity Status (All	organizations must o	omplete	e this pa	art.) See instructions	5.		
The	org	anization is not a private fou	ndation because i	it is: (For lines 1 through	gh 12, ch	eck only	one box.)			
1		A church, convention of chu	urches, or associa	ation of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).			
2		A school described in secti	on 170(b)(1)(A)(ii). (Attach Schedule E	(Form 99	90 or 990)-EZ).)			
3		A hospital or a cooperative	hospital service of	organization described	in sectio	n 170(b)	(1)(A)(iii).			
4		A medical research organiz	zation operated in	conjunction with a hos	spital des	scribed i	n section 170(b)(1)(A)	(iii). Enter the		
		hospital's name, city, and st	tate:							
5		An organization operated	for the benefit of	a college or universit	y owned	d or ope	erated by a governme	ental unit described in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local go	overnment or gove	ernmental unit describe	d in sect	ion 170((b)(1)(A)(v).			
7	X	An organization that norma	ally receives a su	bstantial part of its su	pport fro	om a go	vernmental unit or fr	om the general public		
		described in section 170(b)(1)(A)(vi). (Complete Part II.)								
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete	Part II.)					
9		An agricultural research org	ganization describ	ed in section 170(b)(1)(A)(ix) (operated	d in conjunction with a	land-grant college		
		or university or a non-land-	grant college of a	griculture (see instruct	ions). Ei	nter the	name, city, and state o	f the college or		
		university:								
10	An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its									
		support from gross investm	ited to its exempt nent income and i	inrelated business tax	certain e able incc	me (les	is, and (∠) no more that s section 511 tax) from	IN 331/3 %OF ITS Libusinesses		
		acquired by the organization	n after June 30, 1	975. See section 509	(a)(2). (C	Complete	e Part III.)			
11		An organization organized	•	•	•		` '` '			
12		An organization organized	-		-					
		of one or more publicly su								
		Check the box in lines 12a t	=			_	· ·	=		
а		Type I . A supporting orga	anization operated	d, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving		
		the supported organization	on(s) the power to	regularly appoint or elect a majority of the directors or trustees of the						
		supporting organization. `	-							
b		Type II . A supporting org								
		control or management of		=	the sam	e persor	ns that control or mar	nage the supported		
		organization(s). You must	=							
С		Type III functionally integrated						lly integrated with,		
		$_{ ightharpoonup}$ its supported organizatior		-						
d								= ::		
		that is not functionally into	-	-	-		•	d an attentiveness		
		requirement (see instruct	•	=						
е		Check this box if the organic					•••	II, Type III		
		functionally integrated, or				organizat	tion.			
f		ter the number of supported	J							
<u>g</u>		ovide the following information			God to the		(v) Amount of monetary	(vi) Amount of		
	(1) 14	ariie or supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	1 ()	(vi) Amount of other support (see		
				above (see instructions))		ment?	instructions)	instructions)		
					Yes	No				
(A)										
(B)										
(C)										
(C)										

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

Schedule A (Form 990 or 990-EZ) 2017

(D)

(E)

Total

Schedule A (Form 990 or 990-EZ) 2017 Page 2

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.)

Cale 1 2	endar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	membership fees received. (Do not						
2		9,435,368.	9,860,736.	10,409,970.	14,382,286.	15,983,792.	60,072,152.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	9,435,368.	9,860,736.	10,409,970.	14,382,286.	15,983,792.	60,072,152.
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)						7,551,983.
6	Public support. Subtract line 5 from line 4						52,520,169.
Sec	tion B. Total Support		L	L			
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	9,435,368.	9,860,736.	10,409,970.	14,382,286.	15,983,792.	60,072,152.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10,657,841.	11,671,396.	12,109,783.	10,777,779.	11,181,631.	56,398,430.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	30,034.	67,671.	229,699.	128,739.	127,270.	583,413.
11	Total support. Add lines 7 through 10						117,053,995.
12	Gross receipts from related activities, etc. (s	,			-	12	360,057,654.
13	First five years. If the Form 990 is for organization, check this box and stop here.						
Sec	tion C. Computation of Public Supp						44.05
14	Public support percentage for 2017 (lin		-			14	44.87%
15	Public support percentage from 2016 \$				_	15	43.35%
16a	331/3% support test - 2017. If the org						
	box and stop here. The organization qu	-		-			
b	331/3% support test - 2016. If the org						
47-	this box and stop here. The organization	-		-			
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets the organization	meets the "facter and compared to the meets the meets the meets and compared to the meets and compared to the meets	cts-and-circumsta ircumstances" te	ances" test, che st. The organiz	eck this box an ation qualifies	nd stop here. Ex as a publicly su	cplain in
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga Explain in Part VI how the organization supported organization	016. If the org nization meets on meets the "f	anization did no the "facts-and acts-and-circum	ot check a box -circumstances" stances" test. 7	on line 13, 16a test, check th The organization	a, 16b, or 17a, a his box and sto n qualifies as a	and line p here. publicly
18	Private foundation. If the organization instructions	did not check a	box on line 13,	16a, 16b, 17a,	or 17b, check	this box and see	▶ □

Schedule A (Form 990 or 990-EZ) 2017 Page 3

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			/ 1	<u>'</u>	,	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
-	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year Add lines 7a and 7b						
	Public support. (Subtract line 7c from						
Ŭ	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
r	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included in line 10b,						
	whether or not the business is regularly						
40	Carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first seco	nd third fourth	or fifth tax v	l as a section	501(c)(3)
	organization, check this box and stop here .	ŭ	· ·		•		` ' ' '
Sec	tion C. Computation of Public Supp						
<u> 15</u>	Public support percentage for 2017 (line 8,			nn (f))		15	%
16	Public support percentage from 2016 Scher					16	
	tion D. Computation of Investment					10	/0
36 0 17	Investment income percentage for 2017 (lin			3 column (f))		17	%
	Investment income percentage from 2016 S	,		1,,,			
18 10 a						18 e than 331/3% s	
ısa	331/3% support tests - 2017. If the org						. \square
h	17 is not more than 331/3%, check this 331/3% support tests - 2016. If the orga	-	-	•		•	
D	line 18 is not more than 331/3%, check				•		
20	Private foundation. If the organization of		-	•			
20	a.a roundation. II the organization t	aid fior dileck	a box on mie	,	, JIIOON IIIIS DO	,, and 366 mon	40110110

Schedule A (Form 990 or 990-EZ) 2017 Page **4**

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

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **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 despite being controlled or supervised by or in connection with its supported organizations.
- c 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) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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 support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	NO
ng by			
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nd ne			
	3b		
3)	3c		
If	4a		
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	4b		
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Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

	10 A (1 0111 000 01 000 EZ) 2017			age •
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		\ <u>'</u>	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
<u> </u>		2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			ı
	Did the experimetion provide to each of its supported experimetions, by the local day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below.	structi	ons).	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc		
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2017

Page 6 Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
Section A - Adjusted Net income		(A) FIIOI Teal	(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		
Ocation D. Minimum Accet Amount		(A) D.:	(B) Current Year
Section B - Minimum Asset Amount		(A) Prior 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	y integra	ited Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Schedule A (Form 990 or 990-EZ) 2017 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	ion D - Distributions	Current Year					
1	Amounts paid to supported organizations to accomplish e	mounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exer						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	zations					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which						
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2017 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017						
	(reasonable cause required-explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2017						
a							
b	From 2013						
c	From 2014						
d	From 2015						
е	From 2016						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2017 distributable amount						
i	Carryover from 2012 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2017 from						
	Section D, line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2017 distributable amount						
C	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2017, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						

Schedule A (Form 990 or 990-EZ) 2017

6

Part V

Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2018. Add lines 3j

Part VI. See instructions.

Breakdown of line 7: Excess from 2013 Excess from 2014 Excess from 2015 d Excess from 2016 Excess from 2017

and 4c.

Schedule A (Form 990 or 990-EZ) 2017 Page **8**

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

	•			,	,	
					ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOM	Ε				
DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
INSURANCE RECOVERY		5,896.	50,414.			56,310.
EMCC SERVICE CHARGES				89,707.	35,278.	124,985.
				22,1211	,	,
MISCELLANEOUS REVENUES	30,034.	61,775.	179,285.	39,032.	91,992.	402,118.
TOTALS	30,034.	67,671.	229,699.	128,739.	127,270.	583,413.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

Employer identification number Name of the organization GIRL SCOUTS OF THE UNITED STATES OF AMERICA 13-1624016 Organization type (check one): Filers of: Section: X 501(c)(3 Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** $\lfloor X \rfloor$ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization GIRL SCOUTS OF THE UNITED STATES OF AMERICA

Employer identification number 13-1624016

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1_		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2		\$\$539,010.	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5		\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6		\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization GIRL SCOUTS OF THE UNITED STATES OF AMERICA

Employer identification number 13-1624016

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization GIRL SCOUTS OF THE UNITED STATES OF AMERICA

Employer identification number 13-1624016

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	104 CHROMEBOOKS		
		\$\$	VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	PUBLICLY TRADED SECURITIES		
		\$	VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\	

	Mydnization GIRL SCOUIS OF THE UNITE	D STATES OF AMERICA	.,	13-1624016
Part III	Exclusively religious, charitable, etc., co (10) that total more than \$1,000 for the the following line entry. For organizations contributions of \$1,000 or less for the y Use duplicate copies of Part III if addition	e year from any one consider sompleting Part III, enter ear. (Enter this information	ntributor. Comer the total of <i>e</i> .	ed in section 501(c)(7), (8), or plete columns (a) through (e) and xclusively religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, and 2	IIP + 4	Relationship	p of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, and 2	IIP + 4	Relationship	p of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, and 2	IP + 4	Relationship	p of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, and 2	IIP + 4	Relationship	p of transferor to transferee

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047 **Open to Public**

Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

		that have NOT filed Form 5768 (election				
	e organization answered "Yes," (see separate instructions), ther	on Form 990, Part IV, line 5 (Proxy	Tax) (see separate in	nstructions) or Form 990-E	EZ, Part V, line 35c	: (Prox
•	Section 501(c)(4), (5), or (6) orga					
Nam	e of organization			Employer ide	ntification number	
GIR	L SCOUTS OF THE UNIT	TED STATES OF AMERICA		13-1624	4016	
Par	rt I-A Complete if the c	organization is exempt under	section 501(c) or	is a section 527 organ	nization.	
1	Provide a description of the	organization's direct and indirect p	oolitical campaign ac	ctivities in Part IV. (see in	structions for	
	definition of "political campa	ign activities")				
2	Political campaign activity e	xpenditures (see instructions)		▶ \$		
3	Volunteer hours for political	campaign activities (see instruction	ns)			
Par	t I-B Complete if the c	organization is exempt under s	section 501(c)(3).			
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5▶\$		
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under secti	on 4955 ► \$		
3		a section 4955 tax, did it file Form				No
4a	Was a correction made?				Yes	No
b	If "Yes," describe in Part IV.					
Par	t I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3).	
1	Enter the amount directly e	expended by the filing organization	n for section 527 ex	xempt function		
	activities			▶\$		
2		ng organization's funds contributed				
527 exempt function activities						
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,						
	line 17b					
4	Did the filing organization file	e Form 1120-POL for this year?			Yes	No
5	Enter the names, addresses	and employer identification numb	er (EIN) of all section	on 527 political organiza	ations to which th	e filing
		 s. For each organization listed, en ributions received that were prom 				
		nd or a political action committee (
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of po	
	(a) Name	(b) Address	(C) EIIN	filing organization's	contributions recei	
				funds. If none, enter -0	promptly and dir	
					delivered to a sep	
					political organization	
					Hone, enter -o	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
			l			

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

Schedule C (Form 990 or 990-EZ) 2017

Par	t II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	l filed Form 5768 (elec	tion under	
A (longs to an affiliated group (and list in Part IV e and share of excess lobbying expenditures).	ach affiliated group memb	er's name,	
B (Check ▶ if the filing organization ch	ecked box A and "limited control" provisions app	oly.		
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliat group tota	
1a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)	16,403.		
b	Total lobbying expenditures to influence	a legislative body (direct lobbying)	192,270.		
C	Total lobbying expenditures (add lines 1	a and 1b)	208,673.		
d	Other exempt purpose expenditures		123,856,054.		
е	e Total exempt purpose expenditures (add lines 1c and 1d)				
f	Lobbying nontaxable amount. Enter th	e amount from the following table in both			
_	columns.		1,000,000.		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.			
L	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.			
	Over \$17,000,000	\$1,000,000.			
g	Grassroots nontaxable amount (enter 25	5% of line 1f)	250,000.		
h	Subtract line 1g from line 1a. If zero or le	ess, enter -0	0.		0.
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0-	0.		0.
j	If there is an amount other than zero	on either line 1h or line 1i, did the organiza	ation file Form 4720		
	reporting section 4911 tax for this year?			Yes	No
		4-Year Averaging Period Under section 501(h)			
	(Some organizations that made a	a section 501(h) election do not have to compl	ete all of the five columr	ns below.	
	See	the separate instructions for lines 2a through	2f.)		

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total	
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.	
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.	
c Total lobbying expenditures	205,220.	229,727.	169,919.	208,673.	813,539.	
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.	
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.	
f Grassroots lobbying expenditures	_		9,007.	16,403.	25,410.	

Schedule C (Form 990 or 990-EZ) 2017

rai	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	Tile	ı For	111 376	0		
For	or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed		1)	(b)			
description of the lobbying activity.		Yes	No		Amou	nt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.						
С	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
j	Total. Add lines 1c through 1i						
2a b	If "Yes," enter the amount of any tax incurred under section 4912						
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection	1		
	501(c)(6).	` /\ /	,				
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures fro				3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501						
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"	OR (I	o) Pa	rt III-A	, line 3	, is	
	answered "Yes."						
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	ints o	of				
	political expenses for which the section 527(f) tax was paid).			0-			
а	Current year			2a			
b	Carryover from last year			2b 2c			
С	Total			3			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo	bbyin	ıg	4			
5	and political expenditure next year?			5			
	t IV Supplemental Information						
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d grou	ıp list); Part	II-A, lin	es 1	and
	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	Ü	•	, .			

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017

Page 4

Part IV **Supplemental Information** (continued)

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

► 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.

OMB No. 1545-0047
2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Nam	e of the organization	Employer identification number							
GI	RL SCOUTS OF THE UNITED STATES OF AMERICA	13-1624016							
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or Other Funds or	Accounts.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.								
	(a) Donor advised funds	(b) Funds and other accounts							
1	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in writing that the assets held in	n donor advised							
5	funds are the organization's property, subject to the organization's exclusive legal control?								
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur								
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an								
	conferring impermissible private benefit?								
D.	art II Conservation Easements.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.								
1	Purpose(s) of conservation easements held by the organization (check all that apply).								
•		f a historically important land area							
		f a certified historic structure							
	Preservation of open space	r a certifica fiistorie structure							
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	he form of a conservation							
_	easement on the last day of the tax year.	Held at the End of the Tax Year							
_	Total number of conservation easements	2a							
a		2b							
b	Total acreage restricted by conservation easements	2c							
C	Number of conservation easements on a certified historic structure included in (a)	20							
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	24							
•	historic structure listed in the National Register	2d							
3	Number of conservation easements modified, transferred, released, extinguished, or termina	ned by the organization during the							
	tax year >								
4	Number of states where property subject to conservation easement is located	an bonding of							
5	Does the organization have a written policy regarding the periodic monitoring, inspection	-							
	violations, and enforcement of the conservation easements it holds?								
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons	ervation easements during the year							
_	Annual of amounts in a modern in a contraction in a continuous facilities and automatical and								
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	nservation easements during the year							
	Deep seek consequentian assembly reported on line 2/d\ above setisfy the requirements of section	~ 470/h)/4)/D)/i)							
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section								
^	and section 170(h)(4)(B)(ii)?								
9	In Part XIII, describe how the organization reports conservation easements in its revenue and balance sheet, and include, if applicable, the text of the footnote to the organization's financial								
	organization's accounting for conservation easements.	ii statements that describes the							
D.	organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assots							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Olimai Assets.							
4-		vience statement and belonce sheet							
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educ public service, provide, in Part XIII, the text of the footnote to its financial statements that desc	ation, or research in furtherance of							
	public service, provide, in Part XIII, the text of the footnote to its financial statements that desc	ribes these items.							
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re-								
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of								
	public service, provide the following amounts relating to these items:	• •							
	(i) Revenue included on Form 990, Part VIII, line 1								
_	(ii) Assets included in Form 990, Part X								
2	If the organization received or held works of art, historical treasures, or other similar as								
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:								
a	Revenue included on Form 990, Part VIII, line 1								
U	/www.mwacuthilitainiagu,iait/reeeeeeeeeeeeeeeeeeeeeee								

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 Page **2**

Part	Organizations Maintainin	g Collections of	Art, Historical	Treasures,	or Oth	ner Similar Ass	ets (cor		ed)
	sing the organization's acquisition, accession, and other records, check any of the following that are a significant use of its								
	collection items (check all that apply	ction items (check all that apply):							
а	X Public exhibition		d Loan	or exchange	e prograi	ms			
b	Scholarly research		e Other						
С	X Preservation for future general								
	Provide a description of the organi	zation's collections	and explain how	they furthe	r the or	ganization's exem	ot purpo	se in	Part
	XIII.								
	During the year, did the organization								٦
	assets to be sold to raise funds rathe		ained as part of the	organizatio	n's collec	ction?	Yes	X	No
	Escrow and Custodial Arr Complete if the organization 990, Part X, line 21.	on answered "Yes					nt on Fo	rm	
	Is the organization an agent, trustee								_
	included on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in	Part XIII and comp	olete the following ta	ble:					
						Amount			
	Beginning balance								
	Additions during the year								
	Distributions during the year								
	Ending balance				dial	a a a a unt li a bilitu ()	Vaa		TN ₂
	Did the organization include an amount in					•	Yes		No
	If "Yes," explain the arrangement in tV Endowment Funds.	Part Alli. Check no	ere ii trie explanatio	i nas been p	novided	on Part Alli			
Part	Complete if the organization	on answered "Yes	" on Form 990 F	art IV line	10				
	Complete ii the organizatio	(a) Current year	(b) Prior year	(c) Two ye		(d) Three years back	(e) Fou	r vears	hack
	Desired and the second	162,607,000.	130,538,000.			138,518,000.			
	Beginning of year balance	3,935,000.	17,962,000.		5,000.	1,353,000.			,000.
	Contributions	.,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			,	
	Net investment earnings, gains, and losses	11,520,000.	18,815,000.	11,033	033,0002,487,000.		11,	11,933,000	
	Grants or scholarships	1,031,000.	1,257,000.		0,000.	555,000.			,000.
	Other expenditures for facilities								
	and programs	5,770,000.	3,451,000.	10,023	3,000.	8,246,000.	1,	320,	,000.
	Administrative expenses								
	End of year balance	171,261,000.	162,607,000.	130,538	3,000.	128,583,000.	138,	518,	000.
_		of the current vear	end balance (line 1c	. column (a)	(a)) held as:				
а	Board designated or quasi-endowme	rovide the estimated percentage of the current year end balance (line 1g, column (a)) held as: oard designated or quasi-endowment 69.9800 %							
b	Permanent endowment ▶ 16.1	800_%							
	Temporarily restricted endowment I								
	The percentages on lines 2a, 2b, ar	•							
	Are there endowment funds not in the	ne possession of th	ne organization that	are held ar	nd admir	nistered for the	ſ	V	
	organization by:						0.()	Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii) 3b		
	If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended us	•	•				30		
4 Pari			tion's endowment it	irius.					
Гаг	Complete if the organization	on answered "Ye	s" on Form 990, I	Part IV, line	11a. S	ee Form 990, Pa	art X, line	e 10.	
	Description of property	(a) Cost or (inves		or other basis other)		cumulated eciation	(d) Book va	lue	
1a	Land	,		377,059.	чері	eciation	3	77,0)59.
	Buildings			849,123.	33,2	42,027.			96.
	Leasehold improvements		20	201,169.		74,708.	18,3		
	Equipment			717,409.		02,493.			916.
	Other			561,093.		28,135.	17,3		
Cotal	I. Add lines 1a through 1e. (Column	(d) must equal Forr	n 990, Part X, colun	n (B), line 1	0c.)	▶	43,9	58,4	90.

Schedule D (Form 990) 2017

GIRL SCOOLS OF	THE UNITED SIE	AIES OF AMERICA IS 1024010
Schedule D (Form 990) 2017		Page
Part VII Investments - Other Securities. Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) PRIVATE EQUITY FUND	11,642,527.	FMV
(B) PRIVATE BOND FUND	8,103,073.	FMV
(C) COMMON COLLECTIVE TRUST	84,522,273.	FMV
(D) HEDGE FUND	18,777,267.	FMV
(E) REAL ESTATE	4,115,931.	FMV
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	127,161,071.	
Part VIII Investments - Program Related. Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.

(4) (5) (6) (7) (8) (9)

Complete it the	organization answer	ed "Yes" on Form 9	90 Part IV line	11d See Form	n 990) Part X line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
otal (Column (h) must equal Form 990, Part X, col. (R) line 15.)	N

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD IN TRUST	528,673.
(3) ACCRUED PENSION LIABILITY	23,703,192.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	24,231,865.

^{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) 2017 Page 4

	C D (10111 330) 2017		1 age -
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	141,660,858.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
_	The directized gains (10000) of investments 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	1	
b	Donated services and use of facilities	1	
С	Trecevence of prior year granter 111111111111111111111111111111111111	1	
d	Other (Describe in Latt Am.)	-	10,122,909.
е	Add lines 2a through 2d	2e	131,537,949.
3	Subtract line 2e from line 1	3	131,337,949.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 515,680.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	934,363.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	132,472,312.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	126,119,469.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	
2			
a	Donated services and use of facilities	1	
b	Thor year adjustments 111111111111111111111111111111111111	-	
С	Other losses	-	
d	Other (Describe in Part XIII.)		0 044 505
е	Add lines 2a through 2d	2e	2,244,595.
3	Subtract line 2e from line 1	3	123,874,874.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 515,680.		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	934,363.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	124,809,237.
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V. I	ine 4: Part X. line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
CFF	PAGE 5		
	TAGE 3		

Part XIII Supplemental Information (continued)

FORM 990 SCHEDULE D, PART III, LINE 4

ORGANIZATION IS MAINTAINING COLLECTIONS OF ART, HISTORICAL TREASURES, OR OTHER SIMILAR ASSETS

GIRL SCOUTS OF THE USA OWNS UNIQUE COLLECTIONS AND PLACES - JULIETTE

GORDON LOW BIRTHPLACE, HEADQUARTERS, AND THE EDITH MACY CONFERENCE CENTER

-THAT SERVE AS A BRIDGE BETWEEN ITS RICH HISTORY AND THE 21ST CENTURY,

ALL TO SUPPORT THE ORGANIZATION'S MISSION TO "BUILD GIRLS OF COURAGE,

CONFIDENCE, AND CHARACTER TO MAKE THE WORLD A BETTER PLACE." THEY OFFER

ENGAGING, RELEVANT, AND INNOVATIVE EXPERIENCES FOR GIRLS AND ADULTS,

WELCOMING MORE THAN 100,000 VISITORS ANNUALLY FROM AROUND THE NATION AND

WORLD, AND INCLUDE OVER 400 ACRES AND 40+ ROOFED STRUCTURES, AND

ENCOMPASSING A SIGNIFICANT CURATORIAL AND ARCHIVAL COLLECTION DOCUMENTING

AND ILLUSTRATING THE HISTORY OF THE WORLD'S LARGEST EXTANT FEMALE-LED

ORGANIZATION FOR GIRLS.

THE JULIETTE GORDON LOW BIRTHPLACE ("BIRTHPLACE"), LISTED ON THE NATIONAL REGISTER AND A CONTRIBUTING SITE TO A NATIONAL HISTORIC LANDMARK

DISTRICT, IS LOCATED IN SAVANNAH, GA. PERHAPS THE ONLY HOUSE MUSEUM IN THE NATION CREATED SPECIFICALLY FOR GIRLS TO ENJOY, GROW, AND LEARN, IT ATTRACTS ANNUALLY APPROXIMATELY 30,000 VISITORS - MEN, WOMEN, AND YOUTH ALIKE. LOW WAS BORN IN THE HOUSE IN 1860, AND SHE LIVED IN AND VISITED IT THROUGHOUT HER LIFE, INCLUDING WHEN SHE FOUNDED GIRL SCOUTS THERE IN 1912. THE BIRTHPLACE IS OPEN 6 DAYS/WEEK TO THE PUBLIC, OFFERS EXTENSIVE GIRL SCOUT PROGRAMMING, COLLABORATES WITH THE LOCAL HISTORIC GEORGIA COUNCIL, AND IS A LEADING CULTURAL INSTITUTION IN SAVANNAH. FOR MORE INFORMATION, PLEASE SEE

HTTP://WWW.JULIETTEGORDONLOWBIRTHPLACE.ORG/CONTENT/JULIETTEGORDONLOWBIRTHP

Part XIII Supplemental Information (continued)

LACE/EN.HTML.

THE EDITH MACY CONFERENCE CENTER ("EMCC"), LOCATED IN BRIARCLIFF MANOR, WESTCHESTER COUNTY, NEW YORK, IS A 400+ ACRE CULTURAL ASSET OF GSUSA THAT SERVES AS A CONVENING PLACE FOR GIRL SCOUT MEETINGS AND TRAININGS, AND ALSO AS A CONFERENCE CENTER FOR OTHER CLIENTELE. V. EVERIT MACY DONATED THE ORIGINAL 200-ACRE CORE OF EMCC IN 1925 IN MEMORY OF HIS WIFE, EDITH CARPENTER MACY, THE CHAIRWOMAN OF THE GIRL SCOUTS OF THE USA NATIONAL BOARD FROM 1919 TO 1925. COMBINED WITH 1920 CAMP ANDREE -DONATED TO GIRL SCOUTS BY SENATOR AND MRS. WILLIAM A. CLARK IN MEMORY OF THEIR DAUGHTER, ANDREE, WHO DIED AT THE AGE OF 16 - EMCC ENCOMPASSES A LAKE (AND DAM SYSTEM), WALKING TRAILS, WOODLANDS, WETLANDS, AND OTHER TOPOGRAPHIES THAT STRADDLE VARIOUS TOWNSHIP AND SCHOOL DISTRICT BOUNDARIES, AND MORE THAN 40 ROOFED STRUCTURES, SOME OF WHICH EMBODY SIGNIFICANT HISTORICAL ATTRIBUTES, SUCH AS THE MAGNIFICENT GREAT HALL, DESIGNED BY JAMES YARDLEY RIPPEN, ARCHITECT OF THE FIRST PRESIDENTIAL RETREAT, RAPIDAN, BUILT FOR PRESIDENT AND MRS. HENRY HOOVER. THE EMCC CONFERENCE FACILITIES, BUILT IN 1982, INCLUDE 54 SLEEPING ROOMS, VARIOUS MEETING SPACES, A 200-SEAT AUDITORIUM, AND A SMALL RESTAURANT. SINCE 1999, GSUSA HAS OUTSOURCED THE MANAGEMENT OF EMCC TO BENCHMARK HOSPITALITY INTERNATIONAL, A GLOBAL HOTEL, RESORT, AND CONFERENCE CENTER MANAGING AND MARKETING FIRM.

THE CULTURAL ASSETS VISITOR EXPERIENCE AT GIRL SCOUTS OF THE USA
HEADQUARTERS IS CURRENTLY LOCATED ON THE FIRST FLOOR WITHIN GIRL SCOUT
CENTRAL AT 420 FIFTH AVENUE IN MANHATTAN. STRATEGICALLY PLACED AT STREET
LEVEL IN 2018 AND CONNECTED TO A NEW AND VIBRANT EXPERIENCE SPACE FOR
MEMBERS AND PUBLIC VISITORS (FROM MANHATTAN, THE NATION AND AROUND THE

Page 5

WORLD), IT HAS GREETED APPROXIMATELY 20,000 GIRLS AND OTHERS IN ITS FIRST YEAR. THE INVITING AND ACCESSIBLE ROTATING EXHIBITS TRACE THE ARC OF THE GIRL SCOUT MOVEMENT AND ITS CONTINUED RELEVANCE TODAY, SO THAT VISITORS OF ALL AGES CAN SHARE IN GIRL SCOUTS' POWERFUL STORY.

THE COLLECTION OF GIRL SCOUTS OF THE USA ("COLLECTION") REFLECTS THE HISTORY OF THE OLDEST AND LARGEST EXTANT WOMEN-LED ORGANIZATION IN THE UNITED STATES, AND THUS IS A WINDOW INTO THE ROLE AND AGENCY OF WOMEN FROM SOME OF THE EARLIEST DAYS IN OUR COUNTRY'S HISTORY TO THE PRESENT. IT SPANS CENTURIES, GENRES, AND STYLES, AND INCLUDES CORPORATE RECORDS, PERSONAL WRITINGS, EPHEMERA, MEDIA, SCRAPBOOKS, FINE AND DECORATIVE ARTS, FARM AND CAMP EQUIPMENT, FURNISHINGS, TEXTILES, SCULPTURE, JEWELRY, SILVER, INTERNATIONAL GIFTS, PRODUCT AND MEMORABILIA, AWARDS AND RECOGNITIONS, AND GIRL SCOUT UNIFORMS, BADGES, AND INSIGNIA, AS WELL AS PERSONAL LETTERS AND WRITINGS OF JULIETTE GORDON LOW, GSUSA FOUNDER, AND LOU HENRY HOOVER, WIFE OF PRESIDENT HERBERT HOOVER AND TWICE NATIONAL PRESIDENT OF GIRL SCOUTS. A WIDE VARIETY OF ARTISTS, CRAFTSPEOPLE, AND MANUFACTURERS ARE REPRESENTED, INCLUDING SAUL BELLOWS, CARTIER, LYDIA FIELDING EMMET, ROY HALSTON, FRIDA HANSEN, GEORGE PETER ALEXANDER HEALY. ALFRED JONNIAUX, JAMES YARDLEY RIPPIN, W. & J. SLOANE, AND LOUIS COMFORT TIFFANY. THE COLLECTION IS LOCATED AT NATIONAL HEADQUARTERS, THE EDITH MACY CONFERENCE CENTER, AND THE JULIETTE GORDON LOW BIRTHPLACE, AND IS AVAILABLE FOR RESEARCH BY APPOINTMENT IN BOTH NEW YORK AND GEORGIA.

Part XIII Supplemental Information (continued)

FORM 990 SCHEDULE D, PART V, LINE 4

ENDOWMENT FUNDS

THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO DEVELOP, SUPPORT, AND EXTEND THE GIRL SCOUT MOVEMENT.

SCHEDULE D, PART VI, LINE 1E:

THE AMOUNTS SHOWN AS "OTHER" REPRESENT SOFTWARE DEVELOPMENT COSTS.

FORM 990, SCHEDULE D, PART X, LINE 2

FIN 48 FOOTNOTE

THE ORGANIZATION FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS STANDARD PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS ONLY IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE STANDARD ALSO PROVIDES GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE AND HAD NO MATERIAL IMPACT ON THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS.

FORM 990, SCHEDULE D, PART XI, LINE 2D

Page 5

Part XIII Supplemental Information (continued)

RECONCILIATION OF OTHER

PENSION RELATED GAIN \$4,695,799

PENSION COSTS OTHER THAN

NET PERIODIC PENSION COST (\$1,372,592)

CHANGE IN VALUE OF CHARITABLE GIFT ANNUITY \$23,372

CHANGE IN VALUE OF DEFERRED GIFTS \$5,299

TOTAL OTHER CHANGES TO LINE 2D \$3,351,878

=========

FORM 990, SCHEDULE D, PART XI AND XII, LINE 4B

COMMISSION EXPENSE ON ROYALTIES

\$418,683

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.iis.gov/i offiistructions and the latest information.

GIRL SCOUTS OF THE UNITED STATES OF AMERICA 13-1624016 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the X grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is (f) Total offices in the émployees, region (by type) (such as, a program service, expenditures for describe specific type of fundraising, program services, region agents, and and investments investments, grants to recipients located in the region) independent service(s) in the region in the region contractors in the region (1) EUROPE 0. 6. PROGRAM SERVICES SEE PART V 647,518. (2) EAST ASIA AND THE PACIFIC 0. PROGRAM SERVICES SEE PART V 660,263. 6. (3) CENTRAL AMERICA/CARIBBEAN 0. 0. PROGRAM SERVICES SEE PART V 8,081. CENTRAL AMERICA/CARIBBEAN Ω INVESTMENTS 23,058,673. Ω (5) CENTRAL AMERICA/CARIBBEAN Ω Ω GRANTMAKING SEE PART V 5,000. _(6) (7) (8) (9) (10) (11) (12) (13)(14)(15)(16)(17)Sub-total 12 24,379,535. 3a Total from continuation sheets to Part I

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

Totals (add lines 3a and 3b)

Schedule F (Form 990) 2017

24,379,535.

Part II	Grants and Other Assista Part IV, line 15, for any re							d "Yes" on F	orm 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
by	er total number of recipient orgathe IRS, or for which the grantee ter total number of other organiz	or counsel has prov	ided a section 501(c)(3) ed	quivalency lette	er		.		
								Schedule F	(Form 990) 2017

 Schedule F (Form 990) 2017
 Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
_(1)							
_(2)							
_(3)							
_ (4)							
_ (5)							
_(6)							
_(7)							
(8)							
(9)							
<u>(</u> 10)							
<u>(11)</u>							
(12)							
(13)							
<u>(14)</u>							
<u>(</u> 15)							
(16)							
(17)							
(18)							edule F (Form 990) 201

Schedule F (Form 990) 2017

Part IV Foreign Forms Page 4

rait	roleigii rolliis				
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X	Yes		No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	X	Yes		No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X	Yes		No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X	Yes		No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)		Yes	X	No

Part V Supplem

Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

FORM 990, SCHEDULE F, PART 1, LINE 3, COLUMN C

OFFICERS, EMPLOYEES, OR AGENTS OUTSIDE THE U.S.

GIRL SCOUTS OF THE UNITED STATES OF AMERICA HAS 12 EMPLOYEES LOCATED

OUTSIDE THE UNITED STATES SERVING DEPENDENT MILITARY FAMILIES AND EXPAT

FAMILIES.

FORM 990, SCHEDULE F, PART I, LINE 3, COLUMN E

PROGRAM SERVICE DESCRIPTION

TO ASSURE THE DELIVERY OF SERVICES TO GIRLS AND ADULTS IN ACCORDANCE WITH THE MISSION, POLICIES AND GOALS OF THE ORGANIZATION. SERVICES INCLUDE GIRL SCOUT LEADERSHIP EXPERIENCE FOR GIRLS AND LEARNING OPPORTUNITIES FOR ADULTS.

FORM 990, SCHEDULE F, PART I, LINE 2

GRANTS PAID

GIRL SCOUTS OF THE USA MONITORS GRANTS AND SCHOLARSHIPS AWARDED BY
REVIEWING PROGRESS REPORTS FOR GRANTS AND SCHOLARSHIPS. ADDITIONALLY,
FINANCIAL STAFF REVIEWS ALL EXPENSES SUBMITTED FOR REIMBURSEMENT FOR ALL
GRANTS AND SCHOLARSHIPS TO ENSURE COMPLIANCE WITH GSUSA POLICIES AND
PROCEDURES.

SCHEDULE G (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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest instructions.

Inspection

Name of the organization Employer identification number GIRL SCOUTS OF THE UNITED STATES OF AMERICA 13-1624016 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants е а Χ Χ Internet and email solicitations f Solicitation of government grants Χ Phone solicitations Special fundraising events C X In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees. X | Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or control of (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 ATTACHMENT 1 2 3 6 8 9 10 228,830 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. AL, AK, AZ, AR, CO, CT, DC, FL, GA, HI, IL, KS, LA, ME, MD, MA, MI, MN, MS, MO, NE, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VT, VA, WA, WV, WI,

Page 2 Schedule G (Form 990 or 990-EZ) 2017

Pa	rt I	Fundraising Events. Complete than \$15,000 of fundraising even gross receipts greater than \$5,000.	it contributions and gr					
			(a) Event #1		(b) Event #2		(c) Other events	(d) Total events (add col. (a) through col. (c))
Ф			(event type)	4	(event type)		(total number)	COI. (C))
Revenue	1	Gross receipts						
_	2	Less: Contributions						
	3	Gross income (line 1 minus						
		line 2)		\dashv				
	4	Cash prizes						
	5	Noncash prizes						
Direct Expenses	6	Rent/facility costs						
t Exp	7	Food and beverages						
Direc	8	Entertainment						
	9	Other direct expenses						
	10 11	Direct expense summary. Add lines 4 Net income summary. Subtract line 1						
Pa	rt	Gaming. Complete if the orga	anization answered '					orted more
		than \$15,000 on Form 990-E	Z, line ba.	1	(1.) D. II. I. (1. 1. 1.			(d) Total gaming (add
Revenue			(a) Bingo		(b) Pull tabs/instant bingo/progressive bing	jo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve								
	1	Gross revenue		+				
Expenses	2	Cash prizes						
Expe	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	YesNo	%	YesNo	.%	Yes% No	
	7	Direct expense summary. Add lines 2	through 5 in column (d)			▶	
	8	Net gaming income summary. Subtra	act line 7 from line 1, c	olu	ımn (d)		<u> </u>	
	Is	nter the state(s) in which the organization licensed to conduct g "No," explain:		ch	of these states?			Yes No
	-							
	Oa Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:							

Sched	ule G (Form 990 or 990-EZ) 2017
11 12	Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided ►
	Director/officer
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?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Par	

Schedule G (Form 990 or 990-EZ) 2017

MA 01801

ATTACHMENT 1

990,	SCHEDULE	G,	PART	I	-	HIGHEST	PAID	FUNDRAISER
------	----------	----	------	---	---	---------	------	------------

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
MARTHA HOWE 1035 N. EDGEFIELD AVENUE DALLAS TX 75208	STEM PLEDGE STRATEGY	X		159,662.	
SOCIAL CAPITAL, INC. 165M NEW BOSTON ST., STE. 233 WOBURN	FUNDRAISING STRATEGY	X		69,168.	

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number GIRL SCOUTS OF THE UNITED STATES OF AMERICA 13-1624016 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and No the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use 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. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section (d) Amount of cash (e) Amount of non-1 (a) Name and address of organization (b) EIN (a) Description of (h) Purpose of grant (if applicable) cash assistance noncash assistance or assistance or government grant (1) GSC OF TROPICAL FLORIDA 11347 SW 160 ST MIAMI, FL 33157 590651087 501(C)(3) 28,777. PROGRAM FULFILLMENT (2) GS OF ALASKA 3911 TURNAGAIN BLVD E ANCHORAGE, AK 99517 92-6000179 501(C)(3) 34,312. PROGRAM FULFILLMENT (3) GS OF BLACK DIAMOND COUNCIL 321 VIRGINIA ST. W, CHARLESTON, WV 25302 37,929. 55-0420373 501(C)(3) PROGRAM FULFILLMENT (4) CARIBE G.S.C. 500 CALLE ELISA COLBERG SAN JUAN, PR 00907 660200470 501(C)(3) 370,236. PROGRAM FULFILLMENT (5) GS CENTRAL INDIANA 7201 GIRL SCOUT LANE INDIANAPOLIS, IN 46214 35-0876381 501(C)(3) 105,335. PROGRAM FULFILLMENT (6) GS CENTRAL ILLINOIS 3020 BAKER DRIVE SPRINGFIELD, IL 62703-5918 37-0681529 501(C)(3) 58,621 PROGRAM FULFILLMENT (7) GS CENTRAL & SOUTHERN NEW JERSEY 22-1928958 40 BRACE RD CHERRY HILL, NJ 08034-2621 501(C)(3) 71.744 PROGRAM FULFILLMENT (8) GS CHESAPEAKE BAY 225 S. OLD BALTIMORE PIKE NEWARK, DE 19702 51-0064337 501(C)(3) 31,597. PROGRAM FULFILLMENT (9) GS CITRUS 341 NORTH MILLS AVE ORLANDO, FL 32803 59-0696293 501(C)(3) 75,062 PROGRAM FULFILLMENT (10) GS OF GREATER MISSISSIPPI 1471 W COUNTY LINE RD, JACKSON, MS 39213 64-0384222 501(C)(3) 27,863. PROGRAM FULFILLMENT (11) GS DESERT SOUTHWEST - S. NM \$ W. TX 74-1189693 9700 GIRL SCOUT WAY EL PASO, TX 79924-3828 501(C)(3) 38,414. PROGRAM FULFILLMENT (12) GS EASTERN OKLAHOMA 4810 S. 129TH E. AVE. TULSA, OK 74134 73-0579240 501(C)(3) 42,573. PROGRAM FILLFILLMENT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

JSA

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

OMB No. 1545-0047 2017

Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection Name of the organization Employer identification number GIRL SCOUTS OF THE UNITED STATES OF AMERICA 13-1624016 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and X Yes

Part II 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.

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GS EASTERN WASHINGTON AND NORTHERN IDAHO							
1404 NORTH ASH ST. SPOKANE, WA 99201-2806	91-0570844	501(C)(3)	15,851.				PROGRAM FULFILLMENT
(2) GS EASTERN SOUTH CAROLINA							
7257 CROSS COUNTY RD N.CHARLESTON, SC 29418	57-0341216	501(C)(3)	32,727.				PROGRAM FULFILLMENT
(3) GS GATEWAY							
1000 SHEARER AVE. JACKSONVILLE, FL 32205	59-0637857	501(C)(3)	59,387.				PROGRAM FULFILLMENT
(4) GS GREATER IOWA							
10715 HICKMAN RD URBANDALE, IA 50322	42-0698218	501(C)(3)	44,702.				PROGRAM FULFILLMENT
(5) GS GULFCOAST							
4780 CATTLEMEN RD SARASOTA, FL 34233	59-0760212	501(C)(3)	30,907.				PROGRAM FULFILLMENT
(6) GS HAWAII							
410 ATK DRIVE, 2E1, B3, HONOLULU, HI 96814	99-0073488	501(C)(3)	18,182.				PROGRAM FULFILLMENT
(7) GS HEART OF MICHIGAN							
601 WEST MAPLE ST KALAMAZOO, MI 49008-1923	38-1581300	501(C)(3)	10,996.				PROGRAM FULFILLMENT
(8) GS HEART OF THE SOUTH							
717 S. WHITE STATION RD MEMPHIS, TN 38124	62-0502197	501(C)(3)	27,809.				PROGRAM FULFILLMENT
(9) GS HISTORIC GEORGIA							
508 SHARTOM DR AUGUSTA, GA 30907	58-0566191	501(C)(3)	68,659.				PROGRAM FULFILLMENT
(10) GS JERSEY SHORE							
242 ADELPHIA RD FARMINGDALE, NJ 07727-3525	21-0731966	501(C)(3)	38,385.				PROGRAM FULFILLMENT
(11) GS KANSAS HEARTLAND							
360 S LEXINGTON RD WICHITA, KS 67218-1700	48-0556718	501(C)(3)	57,600.				PROGRAM FULFILLMENT
(12) GS KENTUCKIANA							
2115 LEXINGTON RD LOUISVILLE, KY 40206-2335	61-0444698	501(C)(3)	48,199.				PROGRAM FULFILLMENT

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

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

OMB No. 1545-0047
2017

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identific	ation number
GIRL SCOUTS OF THE UNITED STATES O	F AMERICA	A				13-162401	L6
Part I General Information on Grants and	d Assistanc	е				-	
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand lures for mor	e?nitoring the use	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recipi		_					es" on Form
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GS KENTUCKY'S WILDERNESS ROAD							
2277 EXECUTIVE DR. LEXINGTON, KY 40505	61-0608104	501(C)(3)	32,758.				PROGRAM FULFILLMENT
(2) GS LOUISIANA EAST							
841 S.CLEARVIEW PKY NEW ORLEANS, LA 70121	72-0453615	501(C)(3)	10,106.				PROGRAM FULFILLMENT
(3) GS MONTANA AND WYOMING							
2303 GRAND AVE BILLINGS, MT 59102	81-6001486	501(C)(3)	31,313.				PROGRAM FULFILLMENT
(4) GS MANITOU							
5212 WINDWARD CRT SHEBOYGAN, WI 53083-1857	39-0920672	501(C)(3)	14,317.				PROGRAM FULFILLMENT
(5) GS NASSAU COUNTY							
110 RING RD WEST GARDEN CITY, NY 11530	11-2041443	501(C)(3)	59,178.				PROGRAM FULFILLMENT
(6) GS NORTHEASTERN NEW YORK							
8 MOUNTAIN VIEW AVE ALBANY, NY 12205-2804	14-1438466	501(C)(3)	36,083.				PROGRAM FULFILLMENT
(7) GS NORTHERN ILLINOIS							
1886 DAIMLER ROAD ROCKFORD, IL 60177	36-2358083	501(C)(3)	58,033.				PROGRAM FULFILLMENT
(8) GS NORTHERN INDIANA-MICHIANA							
10008DUPONT CIRCLE DR. FORT WAYNE, IN 46825	35-1054339	501(C)(3)	26,371.				PROGRAM FULFILLMENT
(9) GS NYPENN PATHWAYS							
8170 THOMPSON RD CICERO, NY 13039	16-0844808	501(C)(3)	59,363.				PROGRAM FULFILLMENT
(10) GS SILVER SAGE							
8948 W BARNES ST, BOISE, ID 83709	82-0259644	501(C)(3)	20,554.				PROGRAM FULFILLMENT
(11) GS SOUTHERN ALABAMA							
145 COLISEUM BLVD, MONTGOMERY, AL 36109	63-0421430	501(C)(3)	21,355.				PROGRAM FULFILLMENT
(12) GS SOUTHERN APPALACHIANS							
1567 DOWNTOWN WEST BLVD KNOXVILLE, TN 37919	62-0505206	501(C)(3)	43,360.				PROGRAM FULFILLMENT
8170 THOMPSON RD CICERO, NY 13039 (10) GS SILVER SAGE 8948 W BARNES ST, BOISE, ID 83709 (11) GS SOUTHERN ALABAMA 145 COLISEUM BLVD, MONTGOMERY, AL 36109 (12) GS SOUTHERN APPALACHIANS	82-0259644 63-0421430 62-0505206 government (501(C)(3) 501(C)(3) 501(C)(3) organizations lis	20,554. 21,355. 43,360.	ble			PROGRAM FULFILLMEN

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

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

2017

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Name of the organization						Employer identific	cation number					
GIRL SCOUTS OF THE UNITED STATES	COUTS OF THE UNITED STATES OF AMERICA											
Part I General Information on Grants an	d Assistanc	е				'						
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proce 	ts or assistand dures for mor	e? nitoring the use	of grant funds in th	e United States.			X Yes No					
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recip		_					es" on Form					
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance					
(1) GS SOUTHEAST FLORIDA												
6944 LAKE WORTH RD. LAKE WORTH, FL 33467	59-0657327	501(C)(3)	43,315.				PROGRAM FULFILLMENT					
(2) GS SUFFOLK COUNTY												
442 MORELAND RD COMMACK, NY 11725	11-2164434	501(C)(3)	66,416.				PROGRAM FULFILLMENT					
(3) GS SOUTHWEST INDIANA												
223 NW 2ND. STREET EVANSVILLE, IN 47708	35-0876380	501(C)(3)	23,893.				PROGRAM FULFILLMENT					
(4) GS TEXAS OKLAHOMA PLAINS												
4901 BRIARHAVEN RD FORT WORTH, TX 76109	75-0818162	501(C)(3)	96,323.				PROGRAM FULFILLMENT					
(5) GS VIRGINIA SKYLINE												
3663 PETERS CREEK RD NW ROANOKE, VA 24019	54-0737207	501(C)(3)	23,487.				PROGRAM FULFILLMENT					
(6) GS WESTERN NEW YORK												
3332 WALDEN AVE. SUITE 106 DEPEW, NY 14043	16-0743096	501(C)(3)	55,821.				PROGRAM FULFILLMENT					
(7) GS DAKOTA HORIZONS												
1101 SOUTH MARION RD SIOUX FALLS, SD 57106	46-0250744	501(C)(3)	41,609.				PROGRAM FULFILLMENT					
(8) GS HEART OF CENTRAL CALIFORNIA												
6601 ELVAS AVE SACRAMENTO, CA 95819	94-1582429	501(C)(3)	73,645.				PROGRAM FULFILLMENT					
(9) GS OF COLORADO												
3801 SOUTH FLORIDA AVE, DENVER, CO 80210	84-0410630	501(C)(3)	99,648.				PROGRAM FULFILLMENT					
(10) GS HEART OF PENNSYLVANIA												
350 HALE AVE HARRISBURG, PA 17104	24-0795960	501(C)(3)	189,240.				PROGRAM FULFILLMENT					
(11) GS OF THE GREEN & WHITE MOUNTAINS												
1 COMMERCE DR BEDFORD, NH 03110	02-0243160	501(C)(3)	74,436.				PROGRAM FULFILLMENT					
(12) GS OF EASTERN MASSACHUSETTS												
420 BOYLSTON ST SUITE 505 BOSTON, MA 02116	04-2703281	501(C)(3)	201,788.				PROGRAM FULFILLMENT					
 Enter total number of section 501(c)(3) and Enter total number of other organizations lis 	· ·	· ·										

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

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

OMB No. 1545-0047 2017

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Open to Public Inspection Employer identification number

GIRL SCOUTS OF THE UNITED STATES (OF AMERICA	A				13-162401	.6
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	e?					X Yes No
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recipi		_					es" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GS OF EASTERN MISSOURI							
2300 BALL DR ST. LOUIS, MO 63146	43-0662471	501(C)(3)	135,266.				PROGRAM FULFILLMENT
(2) GS OF MAINE							
138 GANNETT DR SOUTH PORTLAND, ME 04106	01-0269802	501(C)(3)	37,815.				PROGRAM FULFILLMENT
(3) GIRL SCOUTS OF SOUTHEASTERN NEW ENGLAND							
500 GREENWICH AVE WARWICK, RI 02886	05-0300724	501(C)(3)	30,653.				PROGRAM FULFILLMENT
(4) GS OF CONNECTICUT							
340 WASHINGTON ST HARTFORD, CT 06106	06-0646756	501(C)(3)	114,716.				PROGRAM FULFILLMENT
(5) COLONIAL COAST GS COUNCIL							
912 CEDAR RD CHESAPEAKE, VA 23322	54-1158412	501(C)(3)	54,634.				PROGRAM FULFILLMENT
(6) GIRL SCOUTS OF THE COMMONWEALTH OF VIRGINIA							
4900 AUGUSTA AVENUE RICHMOND, VA 23230	54-0534506	501(C)(3)	43,252.				PROGRAM FULFILLMENT
(7) GREATER NY GIRL SCOUT COUNCIL							
40 WALL ST NEW YORK, NY 10005	13-1624014	501(C)(3)	173,878.				PROGRAM FULFILLMENT
(8) GIRL SCOUTS OF GREATER SOUTH TEXAS							
202 E MADISON AVE HARLINGEN, TX 78550	74-1256499	501(C)(3)	57,221.				PROGRAM FULFILLMENT
(9) GS OF NEW MEXICO TRAILS							
4000 JEFFERSON PLAZA, ALBUQUERQUE, NM 87109	85-6011246	501(C)(3)	18,258.				PROGRAM FULFILLMENT
(10) GS HEART OF THE HUDSON							
2 GREAT OAK LN PLEASANTVILLE, NY 10570	13-2985898	501(C)(3)	127,204.				PROGRAM FULFILLMENT
(11) GS OF OHIO'S HEARTLAND COUNCIL							
1700 WATERMARK DR COLUMBUS, OH 43215	31-4379475	501(C)(3)	64,453.				PROGRAM FULFILLMENT
(12) GS HEART OF NEW JERSEY							
120 VALLEY RD MONTCLAIR, NJ 07042	22-1638950	501(C)(3)	86,419.				PROGRAM FULFILLMENT
2 Enter total number of section 501(c)(3) and							
3 Enter total number of other organizations list	ted in the line	1 table				>	

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

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

OMB No. 1545-0047
2017

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

► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identific	cation number
GIRL SCOUTS OF THE UNITED STATES	OF AMERIC	A				13-16240	16
Part I General Information on Grants an	d Assistanc	е				1	
 Does the organization maintain records to set the selection criteria used to award the grant Describe in Part IV the organization's process. 	ts or assistand dures for mor	ce?	of grant funds in th	e United States.			X Yes No
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recip		_					es" on Form
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GS OF NORTHERN NEW JERSEY 95 NEWARK POMPTON TPKE RIVERDALE, NJ 07457	22-1928958	501(C)(3)	101,471.				PROGRAM FULFILLMENT
(2) GS OF EASTERN PENNSYLVANIA 330 MANOR RD MIQUON, PA 19444	23-1352309	501(C)(3)	170,930.				PROGRAM FULFILLMENT
(3) ORANGE COUNTY GS COUNCIL 9500 TOLEDO WAY IRVINE, CA 92618	23-7395094	501(C)(3)	92,348.				PROGRAM FULFILLMENT
(4) GS OF WESTERN PENNSYLVANIA 30 ISABELLA ST 207 PITTSBURGH, PA 15212	25-1126094	501(C)(3)	106,500.				PROGRAM FULFILLMENT
(5) GS OF WESTERN OHIO 4930 CORNELL RD CINCINNATI, OH 45242	31-0679091	501(C)(3)	234,773.				PROGRAM FULFILLMENT
(6) GS OF NORTH EAST OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 44056	34-0726094	501(C)(3)	136,935.				PROGRAM FULFILLMENT
(7) GREATER CHICAGO AND NORTHWEST INDIANA 20 SOUTH CLARK ST CHICAGO, IL 60030	36-3871241	501(C)(3)	255,076.				PROGRAM FULFILLMENT
(8) GS OF EASTERN IOWA & WESTERN ILLINOIS 940 GOLDEN VALLEY DR, BETTENDORF, IA 52722	42-1008848	501(C)(3)	94,463.				PROGRAM FULFILLMENT
(9) GS OF SOUTHERN ILLINOIS #4 GINGER CREEK PKY GLEN CARBON, IL 62034	37-0811488	501(C)(3)	43,456.				PROGRAM FULFILLMENT
(10) GS OF MICHIGAN SHORE TO SHORE 3275 WALKER AVE NW GRAND RAPIDS, MI 49544	38-1366924	501(C)(3)	33,301.				PROGRAM FULFILLMENT
(11) GS OF THE WISCONSIN SOUTHEAST 131 SOUTH 69 ST MILWAUKEE, WI 53214	39-0892833	501(C)(3)	101,386.				PROGRAM FULFILLMENT
(12) GS OF MINNESOTA AND WISCONSIN RIVER 400 SOUTH ROBERT ST ST. PAUL, MN 55107	41-0877820	501(C)(3)	122,156.				PROGRAM FULFILLMENT
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations lis	•	•				>	

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

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

OMB No. 1545-0047
2017

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identific	ation number
GIRL SCOUTS OF THE UNITED STATES	OF AMERICA	A				13-162401	.6
Part I General Information on Grants an	d Assistanc	е					
 Does the organization maintain records to set the selection criteria used to award the grant Describe in Part IV the organization's proces 	ts or assistand dures for mor	ce? nitoring the use	of grant funds in th	e United States.			X Yes No
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recip		•					es" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GS NE KANSAS & NW MISSOURI							
8383 BLUE PKY DR KANSAS CITY, MO 64133	43-0892926	501(C)(3)	86,570.				PROGRAM FULFILLMENT
(2) GIRL SCOUTS OF CENTRAL MARYLAND							
4806 SETON DR BALTIMORE, MD 21215	52-0780207	501(C)(3)	167,215.				PROGRAM FULFILLMENT
(3) NATIONS CAPITAL GS COUNCIL							
4301 CONNECTICUT AVE, WASHINGTON, DC 20008	54-0732966	501(C)(3)	266,715.				PROGRAM FULFILLMENT
(4) GS HORNETS NEST COUNCIL							
7007 IDLEWILD RD CHARLOTTE, NC 28212	56-0563842	501(C)(3)	43,384.				PROGRAM FULFILLMENT
(5) GS OF NORTH CENTRAL ALABAMA							
105 HEATHERBROOKE DR. BIRMINGHAM, AL 35242	63-0288834	501(C)(3)	49,711.				PROGRAM FULFILLMENT
(6) GS CAROLINAS PEAKS TO PIEDMONT, INC.							
8818 W MARKET ST COLFAX, NC 27235	56-0577629	501(C)(3)	58,724.				PROGRAM FULFILLMENT
(7) GS OF NORTHWESTERN GREAT LAKES							
4693 NORTH LYNNDALE DR. APPLETON, WI 54913	39-1016314	501(C)(3)	57,506.				PROGRAM FULFILLMENT
(8) GS OF NORTH CAROLINA COASTAL PINES							
6901 PINECREST RD RALEIGH, NC 27613	56-0791500	501(C)(3)	96,289.				PROGRAM FULFILLMENT
(9) GS OF SOUTHEASTERN MICHIGAN							
3011 W. GRAND BLVD DETROIT, MI 48207	38-1359207	501(C)(3)	80,998.				PROGRAM FULFILLMENT
(10) SOUTH CAROLINA-MOUNTAINS TO MIDLANDS							
FIVE INDE. POINTE, GREENVILLE, SC 29615	57-0314433	501(C)(3)	88,977.				PROGRAM FULFILLMENT
(11) GS OF GREATER ATLANTA							
5601 NORTH ALLEN RD MABLETON, GA 30126	58-0566190	501(C)(3)	190,946.				PROGRAM FULFILLMENT
(12) GS OF WEST CENTRAL FLORIDA							
4610 EISENHOWER BLVD TAMPA, FL 33634	59-0624454	501(C)(3)	99,227.	1			PROGRAM FULFILLMENT

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

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

2017

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Name of the organization						Employer identific	ation number
GIRL SCOUTS OF THE UNITED STATES O	OF AMERICA	A				13-162401	16
Part I General Information on Grants and	d Assistanc	е				'	
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand dures for mor	e?nitoring the use	of grant funds in th	e United States.			X Yes No
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recipi		_					es" on Form
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GIRL SCOUTS OF THE FLORIDA PANHANDLE							
1515 ST. ANDREWS BLVD PANAMA CITY, FL 32405	59-0760209	501(C)(3)	16,895.				PROGRAM FULFILLMENT
(2) GS DIAMONDS OF ARKANS, OKLAH & TEXAS							
11311 ARCADE DR LITTLE ROCK, AR 72212	71-0309373	501(C)(3)	58,067.				PROGRAM FULFILLMENT
(3) GS OF WESTERN OKLAHOMA, INC.							
6100 N ROBINSON AVE OKLAHOMA CITY, OK 73118	73-0677849	501(C)(3)	38,744.				PROGRAM FULFILLMENT
(4) GS OF CENTRAL TEXAS							
12012 PARK 35 CIR AUSTIN, TX 78753	74-1109644	501(C)(3)	119,802.				PROGRAM FULFILLMENT
(5) GS OF MINNESOTA & WISCO LAKES & PINES							
400 2ND AVE SOUTH WAITE PARK, MN 56387	41-0877820	501(C)(3)	33,670.				PROGRAM FULFILLMENT
(6) GS OF MISSOURI HEARTLAND							
210 S.INGRAM MILL RD, SPRINGFIELD, MO 65802	44-0594943	501(C)(3)	44,543.				PROGRAM FULFILLMENT
(7) GS OF LOUISIANA PINES TO THE GULF							
1720 KALISTE SALOOM RD, LAFAYETTE, LA 70508	72-0488660	501(C)(3)	22,088.				PROGRAM FULFILLMENT
(8) GIRL SCOUTS OF SAN JACINTO COUNCIL							
3110 SOUTHWEST FREEWAY HOUSTON, TX 77098	74-6001254	501(C)(3)	195,322.				PROGRAM FULFILLMENT
(9) GIRL SCOUTS OF SOUTHERN ARIZONA							
4300 EAST BROADWAY BLVD TUCSON, AZ 85711	86-0008917	501(C)(3)	47,927.				PROGRAM FULFILLMENT
(10) GS OF SOUTHWEST TEXAS							
811 N COKER LOOP RD SAN ANTONIO, TX 78216	74-1109759	501(C)(3)	66,712.				PROGRAM FULFILLMENT
(11) GIRL SCOUTS OF NORTHEAST TEXAS							
6001 SUMMERSIDE DR DALLAS, TX 75252	75-1101571	501(C)(3)	186,804.				PROGRAM FULFILLMENT
(12) THE TETON SCIENCE SCHOOL							
700 COYOTE CANYON RD JACKSON, WY 83001	83-0219163	501(C)(3)	12,500.				PROGRAM FULFILLMENT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole			
3 Enter total number of other organizations list	ted in the line	1 table	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
							-

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

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

2017

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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

► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization Employer identification number

GIRL SCOUTS OF THE UNITED STATES O	F AMERICA	A				13-16240	16
Part I General Information on Grants and	d Assistanc	е					
Does the organization maintain records to su	ubstantiate th	ne amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection criteria used to award the grant	s or assistand	e?					X Yes No
2 Describe in Part IV the organization's proced	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance to D	omestic Or	ganizations a	nd Domestic Gov	vernments. Com	plete if the organiza	ation answered "Y	es" on Form
990, Part IV, line 21, for any recipi		_					00 0111 01111
	1	1	· ,		•		T
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ARIZONA CACTUS PINE GSC							
119 E CORONADO RD PHOENIX, AZ 85004	86-0133397	501(C)(3)	82,079.				PROGRAM FULFILLMENT
(2) GIRL SCOUTS OF SOUTHERN NEVADA, INC							
2941 HARRIS AVE LAS VEGAS, NV 89101	88-0060273	501(C)(3)	60,410.				PROGRAM FULFILLMENT
(3) GS OF WESTERN WASHINGTON							
5601 6TH AVE S., STE 150, SEATLE, WA 98109	91-6060940	501(C)(3)	107,754.				PROGRAM FULFILLMENT
(4) GS OF CENTRAL & WESTERN MASSACHUSETTS							
301 KELLY WAY HOLYOKE, MA 01040	04-2317694	501(C)(3)	41,359.				PROGRAM FULFILLMENT
(5) GS OF OREGON & SW WASHINGTON INC.							
9620 SW BARBUR BLVD PORTLAND, OR 97219	93-0399051	501(C)(3)	68,490.				PROGRAM FULFILLMENT
(6) GS OF NORTHERN CALIFORNIA							
1650 HARBOR BAY PKY ALAMEDA, CA 94502	94-1551410	501(C)(3)	164,146.				PROGRAM FULFILLMENT
(7) GS OF CALIFORNIA'S CENTRAL COAST							
1500 PALMA DR SUITE 110 VENTURA, CA 93003	94-1567162	501(C)(3)	39,692.				PROGRAM FULFILLMENT
(8) GS OF GREATER LOS ANGELES							
801 S GRAND AVE STE. LOSS ANGELES, CA 90017	95-1644033	501(C)(3)	315,302.				PROGRAM FULFILLMENT
(9) GS SAN DIEGO-IMPERIAL COUNCIL							
1231 UPAS ST SAN DIEGO, CA 92103	95-1644585	501(C)(3)	87,466.				PROGRAM FULFILLMENT
10) SIERRA NEVADA GSC							
605 WASHINGTON ST RENO, NV 89503	88-0060580	501(C)(3)	28,227.				PROGRAM FULFILLMENT
11) GS-SPIRIT OF NEBRASKA							
2121 SOUTH 44TH ST OMAHA, NE 68105	47-0432299	501(C)(3)	55,917.				PROGRAM FULFILLMENT
12) GS OF CENTRAL CALIFORNIA SOUTH							
1377 W SHAW AVE FRESNO, CA 93711	95-1766795	501(C)(3)	41,253.				PROGRAM FULFILLMENT
2 Enter total number of section 501(c)(3) and	_	_					
3 Enter total number of other organizations list	ed in the line	1 table				<u></u>	

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

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

OMB No. 1545-0047

2017

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Open to Public Inspection Employer identification number

GIRL SCOUTS OF THE UNITED STATES	S OF AMERICA	A				13-162401	L6
Part I General Information on Grants	and Assistanc	е				•	
 Does the organization maintain records to the selection criteria used to award the gr Describe in Part IV the organization's pro 	ants or assistand	e?					X Yes No
Part II Grants and Other Assistance to 990, Part IV, line 21, for any red		_					es" on Form
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GIRL SCOUTS SAN GORGONIO COUNCIL							
1751 PLUM LN REDLANDS, CA 92374	95-1967727	501(C)(3)	48,271.				PROGRAM FULFILLMENT
(2) GIRL SCOUTS OF UTAH							
445 EAST 4500 SOUTH MURRAY, UT 84107	87-0221612	501(C)(3)	34,341.				PROGRAM FULFILLMENT
(3) GS OF WISCONSIN-BADGERLAND							
2710 SKI LANE MADISON, WI 53214	39-0806331	501(C)(3)	43,378.				PROGRAM FULFILLMENT
_(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) a	•	•					111.
3 Enter total number of other organizations	listed in the line	1 table	<u> </u>			>	
For Paperwork Reduction Act Notice, see the Instr	uctions for Form 9	90.				Sc	nedule I (Form 990) (2017)

Schedule I (Form 990) (2017)

Part III 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 2018 ALCOA CHUCK MCLANE SCHOLARSHIP	2.	10,000.			
2 2018 KAPPA DELTA FOUNDATION	10.	50,000.			
3 2018 SUSAN BUTLER SCHOLARSHIP	10.	100,000.			
4					
_ 5					
_ 6					
7					

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

FORM 990, SCHEDULE I, PART 1, LINE 2

THE ORGANIZATION MONITORS GRANTS AND SCHOLARSHIPS BY REVIEWING PROGRESS

REPORTS FOR GRANTS AND SCHOLARSHIPS. ADDITIONALLY, FINANCIAL STAFF

REVIEWS ALL EXPENSES SUBMITTED FOR REIMBURSEMENT FOR ALL GRANTS AND

SCHOLARSHIPS TO ENSURE COMPLIANCE WITH GSUSA POLICIES AND PROCEDURES.

9895NA 700J 5/10/2019 9:43:42 AM V 17-7.10

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Questions Regarding Compensation

Employer identification number

GIRL SCOUTS OF THE UNITED STATES OF AMERICA 13-1624016

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
	If any of the house on the Annua shoulded did the consciution fallows a written wallow according a consent			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		X
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a	X	
b	Any related organization?	5b		X
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:		v	
a	The organization?	6a	X	
b	Any related organization?	6b		Λ
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	_		Х
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			Х
^	in Part III	8		Λ
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
SYLVIA ACEVEDO	(i)	467,372.	31,915.	51,899.	25,175.	22,166.	598,527.	0.
1 CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
ANGELA OLDEN	(i)	324,439.	27,264.	1,489.	14,471.	39,254.	406,917.	0.
2CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
ANTHONY DOYE	(i)	326,158.	35,936.	80,813.	14,850.	39,907.	497,664.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
JENNIFER ROCHON	(i)	268,452.	33,538.	18,459.	8,513.	47,893.	376,855.	0.
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
FLORENCE GODFREY	(i)	220,650.	23,760.	500.	12,636.	38,545.	296,091.	0.
5 ^{CHIEF} MARKETING & COMM. OFF.	(ii)	0.	0.	0.	0.	0.	0.	0.
JOANNE RENCHER	(i)	295,444.	32,709.	637.	14,791.	29,899.	373,480.	0.
6CHIEF BUSINESS & TALENT OFF.	(ii)	0.	0.	0.	0.	0.	0.	0.
BARRY HOROWITZ	(i)	292,345.	33,745.	3,871.	-9,231.	31,941.	352,671.	0.
7 ^{CHIEF} REVENUE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
ANNETTE FREYTAG	(i)	217,714.	5,577.	0.	12,244.	16,499.	252,034.	0.
8 ^{CHIEF} OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
LISA MARGOSIAN	(i)	288,011.	29,761.	0.	14,460.	4,651.	336,883.	0.
9 ^{CHIEF} CUSTOMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
NATALYE PAQUIN	(i)	214,870.	26,400.	0.	10,245.	1,596.	253,111.	0.
10 ^{CHIEF} TRANSFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
AMY BERKOWITZ	(i)	303,416.	0.	1,311.	13,437.	12,425.	330,589.	0.
11 CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
ELENA PAK	(i)	250,013.	21,863.	240.	14,238.	37,231.	323,585.	0.
12 ^{CHIEF} PHILANTHROPY EXECUTIVE	(ii)	0.	0.	0.	0.	0.	0.	0.
SARAH ANGEL-JOHNSON	(i)	217,690.	0.	214.	12,511.	39,556.	269,971.	0.
13 ^{CHIEF} ENTERPRISE INTEG. OFF.	(ii)	0.	0.	0.	0.	0.	0.	0.
ANDREA BASTIANI ARCHIBA	(i)	166,011.	0.	231.	9,827.	41,096.	217,165.	0.
14 ^{CHIEF} FAMILY ENGAGEMENT OFF.	(ii)	0.	0.	0.	0.	0.	0.	0.
KERRY CONNOLLY	(i)	212,576.	0.	3,172.	11,550.	16,362.	243,660.	0.
15 COUNCIL CONSULTING	(ii)	0.	0.	0.	0.	0.	0.	0.
CLAIRE FERRARIN	(i)	225,967.	0.	2,160.	-3,332.	29,823.	254,618.	0.
16 SENIOR HR BUSINESS PINR.	(ii)	0.	0.	0.	0.	0.	0.	0.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
SOFINA QURESHI	(i)	216,365.	0.	892.	11,632.	16,420.	245,309.	0.
1 VP COOKIE STRATEGY & TRANSFORM	(ii)	0.	0.	0.	0.	0.	0.	0.
PAMELA KOURNETAS	(i)	221,884.	0.	198.	10,347.	2,142.	234,571.	0.
2 DEPUTY CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
BRIAN CRAWFORD	(i)	209,812.	0.	1,237.	4,483.	45,305.	260,837.	0.
3 ^{VP} SALES & LICENSING	(ii)	0.	0.	0.	0.	0.	0.	0.
ANNA MARIA CHAVEZ	(i)	0.	0.	254,719.	0.	0.	254,719.	0.
4FORMER CHIEF EXECUTIVE OFF.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
_14	(ii)							
	(i)							
_15	(ii)							
	(i)							
_16	(ii)							

Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM 990, SCHEDULE J, PART I, LINE 1A

AS A CONDITION OF EMPLOYMENT, TO FACILITATE THE COMMUTE FROM THE COO'S HOME STATE AND ADDITIONAL HOUSING REQUIREMENT, DUE TO WORKING AT THE GSUSA HEADQUARTERS, HE RECEIVES AN ANNUAL TRAVEL AND LIVING ALLOWANCE OF \$50,000, GROSSED UP FOR APPLICABLE TAXES. THE ALLOWANCE AND TAX GROSS UP PAYMENTS ARE REPORTED AS TAXABLE INCOME IN PART II, COLUMN B(III). THE ALLOWANCE IS FOR A MAXIMUM PERIOD OF 3 YEARS, WHICH HE RECEIVED IN 2015, 2016 AND THE LAST PAYMENT WAS IN 2017. AS OF FY2018, THE COO NO LONGER RECEIVES A TRAVEL AND LIVING ALLOWANCE.

RELOCATION ASSISTANCE WAS PROVIDED TO THE CHIEF EXECUTIVE OFFICER FOR GSUSA. TEMPORARY LIVING ACCOMODATIONS OF \$48,546 ARE REPORTED AS TAXABLE INCOME IN PART II, COLUMN B(III).

FORM 990, SCHEDULE J, PART I, LINE 5(A) AND 6(A)

EXECUTIVE TEAM INCENTIVE COMPENSATION IS BASED ON OPERATIONAL AND PROGRAM

PERFORMANCE TARGETS, WHICH INCLUDE REVENUE AND OTHER METRICS AS APPROVED

BY THE EXECUTIVE DEVELOPMENT AND COMPENSATION COMMITTEE (EDCC).

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM 990, SCHEDULE J, PART II, COLUMN B(III) & PART I, LINE 4A

ANNA MARIA CHAVEZ - SEVERANCE \$254,583

TONY DOYE - TRAVEL & LIVING ALLOWANCE - \$50,000 (GROSSED UP FOR

APPLICABLE TAXES), THE GROSSED UP AMOUNT BEING \$78,547

SYLVIA ACEVEDO - LIVING ALLOWANCE - \$48,546

Noncash Contributions

Department of the Treasury Internal Revenue Service Name of the organization

► 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 the latest information.

Open to Public Inspection

OMB No. 1545-0047

GIRL SCOUTS OF THE UNITED STATES OF AMERICA

Employer identification number 13-1624016

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	1.	756,373.	FAIR MARK	ET V	VALU1	E
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	X	104.	32,537.	FAIR MARK	יחים ז	77\ T TTI	T.
25	Other ►(COMPUTERS)	Λ	104.	32,537.	FAIR MARK	rri /	VALUI	<u>. </u>
26	Other ►()							
27	Other ►()							
28	Other ►()	har the same						
29	Number of Forms 8283 received	-	-		29			
	which the organization completed I	-orm 8283,	Part IV, Donee Acknowledg	jement	29		Yes	No
302	During the year, did the organizat	ion receive	hy contribution any prope	rty reported in Part I line	e 1 through		103	140
Jua	28, that it must hold for at least the				_			
	to be used for exempt purposes for					30a		Х
h	If "Yes," describe the arrangement i		ording period:			Jou		
31	Does the organization have a		ance policy that require	es the review of any	nonstandard			
J 1	contributions?					31	Х	
32a	Does the organization hire or use					<u> </u>		
J_U	contributions?	-		•		32a		Х
h	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked			
	describe in Part II.			<i>j</i>				

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

Schedule M (Form 990) (2017) Page 2

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Deep to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

GIRL SCOUTS OF THE UNITED STATES OF AMERICA

13-1624016

FORM 990, PART I, LINE 6

TOTAL NUMBER OF VOLUNTEERS: ALL ADULT MEMBERS, WHO ARE NOT EMPLOYEES OF GIRL SCOUTS OF THE UNITED STATES OF AMERICA OR GIRL SCOUT COUNCILS, ARE CONSIDERED VOLUNTEERS OF THE ORGANIZATION.

FORM 990, PART III, LINE 4D

GLOBAL GIRL SCOUTING

- PROVIDE OPPORTUNITIES FOR GIRL SCOUTS TO ENJOY VALUABLE CROSS-CULTURAL EXPERIENCES THAT HELP THEM BETTER UNDERSTAND AND RESPECT OTHER CULTURES AND GLOBAL ISSUES, AS WELL AS HOW THEY CAN HELP WHERE THEY FEEL INSPIRED TO.
- DEVELOP AND MANAGE GSUSA'S RELATIONSHIP AND PROGRAMMING WITH THE WORLD ASSOCIATION OF GIRL GUIDES AND GIRL SCOUTS (WAGGGS) AND OTHER GLOBAL ORGANIZATIONS.

FORM 990, PART VI, SECTION A, LINE 6, 7A, 7B

MEMBERSHIP

THE MEMBERSHIP OF THE CORPORATION CONSISTS OF THE MEMBERS OF THE NATIONAL COUNCIL COUNCIL OF GIRL SCOUTS OF THE USA. THE MEMBERSHIP OF THE NATIONAL COUNCIL INCLUDES: A. DELEGATES ELECTED BY GIRL SCOUT COUNCILS WHO ARE REGISTERED THROUGH SUCH LOCAL COUNCILS; B. DELEGATES FROM USA GIRL SCOUTS OVERSEAS; C. MEMBERS OF THE NATIONAL BOARD OF DIRECTORS; D. NATIONAL BOARD DEVELOPMENT COMMITTEE MEMBERS; E. PAST PRESIDENTS OF GSUSA; F. SUCH OTHER PERSONS AS MAY BE ELECTED BY THE NATIONAL COUNCIL. A REGULAR SESSION OF

PROPOSALS.

FORM 990, PART VI, SECTION B, LINE 11

FORM 990 REVIEW

THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCE DEPARTMENT. THE DRAFT WAS THEN REVIEWED BY THE AUDIT COMMITTEE. A COPY OF THE DRAFT FORM 990 WAS CIRCULATED TO THE FULL BOARD OF DIRECTORS IN EITHER PAPER OR ELECTRONIC FORM FOR DISCUSSION AND COMMENT. EACH BOARD MEMBER WAS PROVIDED AMPLE OPPORTUNITY TO COMMENT ON THE INFORMATION CONTAINED IN THE 990 PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C

CONFLICT OF INTEREST POLICY

EACH EMPLOYEE AND BOARD MEMBER IS REQUIRED TO ANNUALLY COMPLETE A
DISCLOSURE FORM THAT REQUIRES DISCLOSURE OF ANY CONFLICTS OF INTEREST.
THE ORGANIZATION ENSURES EACH EMPLOYEE AND BOARD MEMBER HAS COMPLETED THE
FORM AND MAINTAINS THE DOCUMENTATION. POTENTIAL BOARD CONFLICTS ARE
DISCLOSED TO THE BOARD CHAIR, WHO REFERS THE MATTER TO THE FULL BOARD,
THE EXECUTIVE COMMITTEE OR OTHER BOARD COMMITTEE HAVING AUTHORITY OVER
THE SUBSTANTIVE MATTER IN QUESTION. FOR EACH CONFLICT DISCLOSED, THE
BOARD OR BOARD COMMITTEE WILL DETERMINE WHETHER THE ARRANGEMENT IS IN
GSUSA'S BEST INTEREST AND WHETHER IT IS FAIR AND REASONABLE TO GSUSA AND
DETERMINE WHETHER TO ENTER INTO SUCH ARRANGEMENT. THE BOARD MEMBER MAY

NOT BE PRESENT FOR DISCUSSION OF OR VOTE ON THE ARRANGEMENT AND IS NOT COUNTED IN A QUORUM FOR SUCH MEETING. DISCLOSED EMPLOYEE POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY THE GENERAL COUNSEL, CFO OR, IN THE CASE OF KEY EMPLOYEES, THE AUDIT COMMITTEE OF THE BOARD, WHO MAY APPROVE THE MATTER ONLY IF IT IS FAIR, REASONABLE AND IN THE BEST INTEREST OF GSUSA.

FORM 990, PART VI, SECTION B, LINES 15A & 15B COMPENSATION REVIEW

THE ORGANIZATION FOLLOWS A CONSISTENT PROCESS TO DETERMINE SALARIES OF THE CEO AND TOP MANAGEMENT WHICH INCLUDES: 1. USING TOWERS WATSON, AN INDEPENDENT COMPENSATION CONSULTING FIRM WHO COMPILES BENCHMARKS, MARKET ASSESSMENTS, SALARY AND TOTAL COMPENSATION DATA FOR THE CEO AND EXECUTIVE TEAM. 2. THE CHAIR OF THE NATIONAL BOARD AND THE CHAIR OF THE EXECUTIVE DEVELOPMENT AND COMPENSATION COMMITTEE REVIEW THE CEO'S PERFORMANCE BASED ON GSUSA'S PERFORMANCE AGAINST GOALS AND DETERMINE ANY SALARY OR INCENTIVE PAYMENTS. 3. THE CEO REVIEWS THE EXECUTIVE TEAM'S PERFORMANCE AND DISCUSSES INDIVIDUAL PERFORMANCE AND ANY RECOMMENDED SALARY OR INCENTIVE PAYMENTS WITH THE EXECUTIVE DEVELOPMENT AND COMPENSATION COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19

DISCLOSURES

THE ORGANIZATION PROVIDES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS UPON REQUEST. ADDITIONALLY, OUR AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE TO THE GENERAL PUBLIC VIA Schedule O (Form 990 or 990-EZ) 2017 Page 2

Name of the organization Employer identification number GIRL SCOUTS OF THE UNITED STATES OF AMERICA 13-1624016

OUR WEBSITE.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PENSION RELATED GAIN \$4,695,799

PENSION COSTS OTHER THAN

NET PERIODIC PENSION COST (\$1,372,592)

CHANGE IN VALUE OF CHARITABLE GIFT ANNUITY \$23,372

CHANGE IN VALUE OF DEFERRED GIFTS \$5,299

TOTAL OTHER CHANGES IN NET ASSETS \$3,351,878

=========

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

GIRL SCOUTS OF THE UNITED STATES OF AMERICA (GSUSA), HEADQUARTERED IN NEW YORK CITY, IS A NATIONAL NONPROFIT ORGANIZATION WITH THE MISSION TO BUILD GIRLS OF COURAGE, CONFIDENCE, AND CHARACTER WHO MAKE THE WORLD A BETTER PLACE. FORMED IN 1912 IN SAVANNAH, GEORGIA, GSUSA IS NOW IN ITS SECOND CENTURY OF SERVING GIRLS, WITH MORE THAN 2.6 MILLION ADULT AND GIRL MEMBERS SPREAD ACROSS 112 INDEPENDENT GIRL SCOUT COUNCILS. THE GOVERNANCE OF THE ORGANIZATION RELIES ON AN EFFICIENT DEMOCRATIC PROCESS THAT IS RESPONSIVE TO OUR FAST-CHANGING WORLD.

AS THE WORLD'S PREMIER GIRL LEADERSHIP ORGANIZATION, GSUSA PUTS GIRLS

Schedule O (Form 990 or 990-EZ) 2017 Page 2

Name of the organization GIRL SCOUTS OF THE UNITED STATES OF AMERICA Employer identification number

13-1624016

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

FRONT AND CENTER, UNDERSTANDING THAT WHEN GIRLS SUCCEED, SO DOES SOCIETY. THE GIRL-ONLY, GIRL-LED, AND ALL-AROUND GIRL-DEFINED ASPECTS OF GIRL SCOUTING ARE CRUCIAL TO WHAT THE ORGANIZATION OFFERS, AND THE FOUNDATION OF THE GIRL SCOUT PROGRAM IS THE GIRL SCOUT LEADERSHIP EXPERIENCE, WHICH HELPS GIRLS TAKE THE LEAD IN THEIR OWN LIVES AND THE WORLD.

WITH THE SUPPORT OF CARING ADULT VOLUNTEERS AND MENTORS, EVERYTHING A GIRL SCOUT DOES INVOLVES SOME COMBINATION OF STEM (SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH), THE OUTDOORS, DEVELOPMENT OF LIFE SKILLS, AND ENTREPRENEURSHIP. IN A GIRL SCOUT TROOP, GIRLS FIND A SAFE SPACE WHERE THEY CAN LEARN NEW SKILLS, TRY NEW THINGS, AND FEEL FREE TO FAIL, DUST THEMSELVES OFF, AND TRY AGAIN, ALL IN A NURTURING ENVIRONMENT THAT PRIORITIZES THEIR SAFETY AND ALLEVIATES THE PRESSURES OF THE CO-ED WORLD.

GSUSA WELCOMES GIRLS OF ALL BACKGROUNDS AND INTERESTS, AND THE GIRL SCOUT PROGRAM IS DESIGNED FOR EVERY GIRL, EQUIPPING HER WITH SKILLS TO SERVE HER FOR LIFE. IT'S PROVEN TO HELP HER THRIVE IN FIVE KEY WAYS AS SHE DEVELOPS A STRONG SENSE OF SELF, SEEKS CHALLENGES AND LEARNS FROM SETBACKS, DISPLAYS POSITIVE VALUES, FORMS AND MAINTAINS HEALTHY RELATIONSHIPS, AND IDENTIFIES AND SOLVES PROBLEMS. DIVERSITY AND INCLUSIVITY HAVE BEEN IMPORTANT TO GSUSA FROM DAY ONE; TODAY, APPROXIMATELY 30 PERCENT OF GIRL MEMBERS COME FROM UNDERSERVED AND UNDERREPRESENTED COMMUNITIES, ALLOWING GSUSA TO SERVE AS A PATHWAY TO A BRIGHTER FUTURE.

Schedule O (Form 990 or 990-EZ) 2017 Page 2

Name of the organization GIRL SCOUTS OF THE UNITED STATES OF AMERICA Employer identification number

13-1624016 ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE PURPOSE OF THE ORGANIZATION IS TO PROMOTE THE GIRL SCOUT MOVEMENT, WHICH CONSISTS OF ALL MEMBERS REGISTERED THROUGH THE NATIONAL OFFICE AND GIRL SCOUT COUNCILS. GSUSA RECEIVED A CONGRESSIONAL CHARTER BY A SPECIAL ACT OF THE UNITED STATES CONGRESS ON MARCH 16, 1950, AND GIRL SCOUTS' 112 COUNCILS ARE GRANTED CHARTERS BY THE GSUSA BOARD OF DIRECTORS. EACH GIRL SCOUT COUNCIL IS SEPARATELY INCORPORATED BUT CHARTERED BY GSUSA WITH TWO PRIMARY RESPONSIBILITIES: TO DELIVER THE GIRL SCOUT LEADERSHIP EXPERIENCE TO ANY GIRL IN GRADE K-12 WHO MEETS THE MEMBERSHIP REQUIREMENTS, AND TO FURTHER THE DEVELOPMENT OF THE GIRL SCOUT MOVEMENT IN THE UNITED STATES.

GSUSA PROVIDES SERVICES TO ITS CHARTERED COUNCILS. IN PROVIDING THESE SERVICES, GSUSA IS EXEMPT FROM FEDERAL INCOME TAX IN ACCORDANCE WITH SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

BRAND PROMOTION AND EXTERNAL ENGAGEMENT:

- PROMOTE THE GIRL SCOUT BRAND, PROGRAM, AND MISSION FAR AND WIDE, EMPHASIZING THAT GIRL SCOUTS OF THE USA IS THE PLACE WHERE GIRLS AND YOUNG WOMEN LEARN TO TAKE THE LEAD IN THEIR OWN LIVES AND THE WORLD.
- MAINTAIN GSUSA'S POSITION IN THE MARKETPLACE AS THE SINGLE BEST

Schedule O (Form 990 or 990-EZ) 2017 Page **2**

Name of the organization

GIRL SCOUTS OF THE UNITED STATES OF AMERICA

Employer identification number

13-1624016

ATTACHMENT 2 (CONT'D)

LEADERSHIP DEVELOPMENT ORGANIZATION FOR GIRLS IN THE WORLD.

- RESEARCH AND ADVOCATE ON ISSUES THAT AFFECT GIRLS AND WOMEN LOCALLY, NATIONALLY, AND/OR GLOBALLY.
- DEVELOP AND PROMOTE THE GIRL SCOUT COOKIE PROGRAM, THE LARGEST GIRL-LED ENTREPRENEURIAL PROGRAM IN THE WORLD.
- DEVELOP, MARKET, AND SELL GIRL SCOUT-BRANDED ITEMS AND PROGRAM MATERIALS TO GIRL SCOUT MEMBERS AND THE GENERAL PUBLIC TO SPREAD THE MISSION AND VALUES OF THE GIRL SCOUT MOVEMENT.
- PROVIDE GIRL SCOUT COUNCILS WITH MARKETING AND COMMUNICATIONS

 TOOLS AND RESOURCES TO HELP THEM REACH EXTERNAL AUDIENCES IN WAYS

 THAT ARE CONSISTENT WITH NATIONAL EFFORTS, TO DRIVE THE PUBLIC'S

 RECOGNITION OF GIRL SCOUTS OF THE USA AS A SINGLE COHESIVE

 MOVEMENT FOR GIRLS.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERV	ICES	ATTACHMENT 3	
DESCRIPTION	GRANTS	EXPENSES	REVENUE
INTERNATIONAL	15,373.	2,273,877.	1,180,782.
TOTALS	15,373.	2,273,877.	1,180,782.

ATTACHMENT 4

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,

DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI,

 \mathtt{MN} , \mathtt{MS} , \mathtt{MO} , \mathtt{NV} , \mathtt{NH} , \mathtt{NJ} , \mathtt{NM} , \mathtt{NY} , \mathtt{NC} , \mathtt{ND} , \mathtt{OH} , \mathtt{OK} , \mathtt{OR} , \mathtt{PA} ,

RI, SC, TN, UT, VT, VA, WA, WV, WI,

Schedule O (Form 990 or 990-EZ) 2017 Page **2**

Name of the organization

GIRL SCOUTS OF THE UNITED STATES OF AMERICA

ATTACHMENT 5

990.	PART VII-	COMPENSATION	OF	$_{ m THE}$	FIVE	HIGHEST	PAID	IND.	CONTRACTORS
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NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
GILBANE BUILDING, CO. 7 JACKSON WALKWAY PROVIDENCE, RI 02903	CONSTRUCTION	10,365,515.
MERCURY PUBLIC AFFAIRS, LLC 655 MADISON AVE. NEW YORK, NY 10065	PUBLIC RELATIONS	5,835,429.
SALESFORCE.ORG FDN P.O. BOX 39000 SAN FRANCISCO, CA 94139-0001	TECHNICAL SERVICES	3,834,153.
ERNST & YOUNG U.S. LLP P.O. BOX 640382 PITTSBURGH, PA 15264-0382	IT DEVELOPMENT	2,975,489.
ACCENTURE, LLC 800 N. GELEBE ROAD ARLINGTON, VA 22203	IT DEVELOPMENT	1,654,811.

ATTACHMENT 6

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
BRAND PROMOTION & EXTERNAL ENG	8,218,738.	8,218,738.	0.	0.
PROGRAM DEV. & ADULT LEARNING	5,620,539.	5,620,539.	0.	0.
COMPREHENSIVE COUNCIL SUPPORT	4,542,644.	3,780,214.	652,369.	110,061.
GSM	1,662,872.	1,662,872.	0.	0.
GLOBAL GIRL SCOUTING	67,993.	67,993.	0.	0.
TOTALS	20,112,786.	19,350,356.	652,369.	110,061.

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization

GIRL SCOUTS OF THE UNITED STATES OF AMERICA

Employer identification number 13-1624016

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NEW YORK GIRL SCOUTS, INC.(NOMINEE)					
420 FIFTH AVENUE NEW YORK, NY 10018	REAL PROP HOL	NY	0.	22,980,000.	GSUSA
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 conti	rolled
						Yes	No
WORLD FOUNDATION FOR GIRL GUIDES AND GIR 23-7147834 420 FIFTH AVENUE NEW YORK, NY 10018	GIRL SCOUTING	NY	501(C)(3)	07	GSUSA	Х	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,	
l al t III	because it had one or more related organizations treated as a partnership during the tax year.	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets		h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	eral or aging tner?	(k) Percentage ownership
		Country)					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13 controlled entity?
								Yes No
(1) GIRL SCOUTS OF THE USA TRUST 30-6349021								.
400 HOWARD STREET SAN FRANCISCO, CA 94105	GRANTOR TRUST	NY	GSUSA	TRUST	2,596,015.	32,749,506.	100.0000	х
(2)	-							
(3)	-							
(4)								
(5)								
(6)								
(7)								

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Yes No

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Schedule R (F	Form 990) 2017	Page
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

а	Receipt of (I) interest, (II) annuities, (III) royalties, or (IV) rent from a controlled entity				ıa		21
b	Gift, grant, or capital contribution to related organization(s)				1b		Χ
С	Gift, grant, or capital contribution from related organization(s)				1c		Χ
d	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)				1e		Χ
	(4)						
f	Dividends from related organization(s)				1f		Х
а	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
i	Lease of facilities, equipment, or other assets to related organization(s)				1j		Χ
•	3						
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p		Χ
	Reimbursement paid by related organization(s) for expenses				1q	X	
r	Other transfer of cash or property to related organization(s)				1r		Χ
s	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including cove	ered relationships and trans	action thre	sholds	s.	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method			g
		type (a-s)		amou	unt invo	olved	
(1)							
(2)							
(2)							
(3)							
(-)							
(4)							
/ E \							
(5)							

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(6)

Schedule R (Form 990) 2017

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) (c) Primary activity Legal domicile (state or foreign country)	(c) Legal domicile (state or foreign country)	e or foreign income (related, ountry) unrelated, excluded from tax under	organizations?		total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
(4)			sections 512-514)	Yes	No			Yes	No	Ye	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.