Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Inspection

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

•	Information	about Form	990 and its	instructions	is at ww	w.irs.aov/form9	990

A F	or th	e 2015 caler	ndar year, or tax year begir	nning 1	0/01 ,201 5	, and end	ling		0	9/30 ,2 0	016	
_			e of organization					D Employer	identif	ication num	nber	
Вс	heck if ap	oplicable: GIF	RL SCOUTS OF THE UNI	TED STATES OF	AMERICA							
	Addre		g Business As					13-16	2401	.6		
	7		ber and street (or P.O. box if mail is	not delivered to street addr	ess)	Room/suite)	E Telephone	numb	er		
	Initial	return 420	O FIFTH AVENUE					(212) 8	52 -	8000		
	Termi	inated City of	or town, state or province, country, a	and ZIP or foreign postal co	ode							
	Amen		W YORK, NY 10018-279	98				G Gross reco	eipts \$	218,	,864	,700.
	Applic	cation F Name	e and address of principal officer:	SYLVIA ACEVE	EDO			H(a) Is this a		turn for	Yes	X No
	pendi	-	O FIFTH AVENUE NEW Y	ORK, NY 10018				subordina H(b) Are all sub		s included?	Yes	☐ No
$\overline{}$	Tax-ex	empt status:	X 501(c)(3) 501(c) () (insert no.)	4947(a)(1)	or !	527			ist. (see instru	ctions)	
		·	GIRLSCOUTS.ORG	, (1011(0)(1)	*		H(c) Group ex	emption	number -		
_			X Corporation Trust	Association Other	•	L Year	r of forma	tion: 1915			micile.	DC
	art I	Summary		710000141011		= 100	01 1011114		- Otal	o or rogar ac	<i></i>	
			be the organization's mission o	r most significant activiti	ioc.							
ø	'	GTRI, SCO	OUTING BUILDS GIRLS	OF COURAGE CO	NETDENCE	. AND		TER WHO				
Š			WORLD A BETTER PLA									
ž	_											
Governance	1		ox if the organization d							1		27.
			oting members of the governing									27.
es	4		dependent voting members of t							+		498.
ctivities &			of individuals employed in cale								765	
ćŧi	6	Total number	of volunteers (estimate if neces	sary)					6			000.
٩			ed business revenue from Part V								,426	299
_	b	Net unrelated	business taxable income from	Form 990-T, line 34			<u> </u>		_ 7b			0
								Prior Year			rent Ye	
ē	8	Contributions	and grants (Part VIII, line 1h)		COB	Y FOR	ח ווי	9,860,				970
en	9	Program serv	vice revenue (Part VIII, line 2g)		BUBLICI	NEDECTION	.l	44,518,4				,515
Revenue	10	mvesiment in	icome (Part VIII, column (A), line	es 3, 4, and 7d)			┙ ┝──	7,076,3				1,175
_	11	Other revenu	e (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11	e)			33,228,2				3,417
	12	Total revenue	e - add lines 8 through 11 (must	t equal Part VIII, column	(A), line 12)			94,683,5	567.	92	,413	3,077
	13	Grants and si	imilar amounts paid (Part IX, colu	umn (A), lines 1-3)				3,880,9	917.	2	.,794	1,367
	14	Benefits paid	to or for members (Part IX, colu	mn (A), line 4)				365,8	320.		347	7,070
ş	15	Salaries, othe	er compensation, employee bene	efits (Part IX, column (A), lines 5-10)		. L	36,607,3	L86.	44	,192	2,879
Expenses	16a	Professional	fundraising fees (Part IX, column	n (A), line 11e)				256,	383.		371	1,284
xbe	b	Total fundrais	sing expenses (Part IX, column (D), line 25) ▶ 3	3,620,218	3.						
Ш	17		ses (Part IX, column (A), lines 11					52,170,3	332.	50	,529	743
			es. Add lines 13-17 (must equal				_	93,280,6	538.	98	,235	,343
	19		expenses. Subtract line 18 fron					1,402,9	929.	-5	,822	2,266
or			·					nning of Currer	ıt Year	End	d of Yea	ır
Net Assets or Fund Balances	20	Total assets (Part X, line 16)					189,759,9	93.	194	,790	,435.
Ass I Ba	21		s (Part X, line 26)				•	69,580,3	367.	74	,367	7,668
Net E	22		fund balances. Subtract line 21					120,179,6	526.	120	,422	2,767
	rt II	Signature	e Block				-					
Un	der per		/, I declare that I have examined th						of my	knowledge	and be	elief, it is
true	e, corre	ect, and complete	e. Declaration of preparer (other than	n officer) is based on all inf	ormation of wh	ich preparer	has any k	nowledge.				
								05/	04/2	2017		
Sig	ın	Signatur	re of officer					Date				
He	re	ANGET	LA OLDEN		CFO							
			print name and title		02 0							
_		Print/Type pre	<u> </u>	Preparer's signature		Date		Chast	:.	PTIN		
Paid	t	1	ROMANO			5/4/	2017	Check _ self-emp	if	P00504	4122	
Pre	parer		► GRANT THORNTON L	T.D						-605555		
Use	Only							Firm's EIN				
N/a:	, th a !!	•	757 THIRD AVE 4TH FLOOR					Phone no.		2-599-0		
<u> </u>			is return with the preparer show	•	ris)						es	No
For	Pape	rwork Reduct	ion Act Notice, see the separat	e instructions.						For	m 99((2015)

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P	Statement of Program Service Accomplishments Check if Schoolule O contains a response or note to applies in this Port. III	X
1	Check if Schedule O contains a response or note to any line in this Part III	<u>A</u>
•	ATTACHMENT 1	
_	Did the consciption undertake any significant recognition during the consciption was not listed on the	
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	_ res no
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc the total expenses, and revenue, if any, for each program service reported.	ations to others,
	the total expenses, and revenue, if any, for each program service reported.	
	a (Code:) (Expenses \$ 27,198,442. including grants of \$ 174,485.) (Revenue \$ 15,48	7 706
	SERVICE DELIVERY TO LOCAL COUNCILS: PROVIDE DIRECT CONSULTING AND	, , , , , ,
	TECHNICAL ASSISTANCE TO ALL GIRL SCOUT COUNCILS TO ENSURE THAT	
	GIRL SCOUT PROGRAMS AND SERVICES ARE DELIVERED EFFECTIVELY AND	
	CONSISTENTLY NATIONWIDE, AND TO USA GIRL SCOUTS OVERSEAS, TO	
	ASSURE THE DELIVERY OF SERVICES TO GIRLS AND ADULTS IN ACCORDANCE	
	WITH THE MISSION, POLICIES, AND GOALS OF THE ORGANIZATION.	
4b	b (Code:) (Expenses \$)
	PROGRAM DEVELOPMENT AND VOLUNTEER LEARNING: RESEARCH, DEVELOP AND	
	EVALUATE GIRL SCOUT PROGRAMS FOR GIRLS, DELIVER ADULT LEARNING OPPORTUNITIES AND PROVIDE THE NATION'S PREMIERE LEADERSHIP	
	DEVELOPMENT EXPERIENCE FOR GIRLS. THIS PROGRAM CATEGORY INCLUDES	
	THE GIRL SCOUT MERCHANDISE DIVISION THAT PROVIDES GIRL SCOUTS	
	BRANDED RETAIL PRODUCTS, APPAREL AND PROGRAM MATERIALS TO MEMBERS	
	PARTICIPATING IN GIRL SCOUT PROGRAMS AND PROMOTES THE GIRL SCOUT	
	BRAND AND MISSION.	
4c	c (Code:) (Expenses \$ 16,624,051. including grants of \$ 0.) (Revenue \$ 7,19) 16 170
	COMMUNICATION: COMMUNICATE KEY MESSAGES ABOUT GIRL SCOUTING WHICH	,0,178
	PROMOTE THE GIRL SCOUT BRAND AND MISSION. DISSEMINATES MARKETING	
	AND COMMUNICATIONS TOOLS AND MATERIALS FOR USE BY GIRL SCOUT	
	COUNCILS.	
4d	d Other program services (Describe in Schedule O.) ATTACHMENT 2	
4 -	(Expenses \$ 2,339,226. including grants of \$ 0.) (Revenue \$ 1,012,599.) e Total program service expenses ▶ 85,393,646.	
46	e Total Diodiam Service expenses ▶ 50,575,040.	

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Part	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		3.5	
_	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more		37	
	, , , , , , , , , , , , , , , , , , , ,	11b	X	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			77
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	44		Х
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	21	
ıza	Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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	Х	
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	Х	
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		Х

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Part l	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	$ \hbox{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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			3.5
	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	25a		Х
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		21
b	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	200		
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		Х
22	Part I	31		Λ
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
• .	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance 153 1a 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0. b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <u>1b</u> c Did the organization comply with backup withholding rules for reportable payments to vendors and Χ 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) Χ 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 Χ b~ If "Yes," enter the name of the foreign country: $\blacktriangleright \underline{\text{JAPAN}}$ 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 Х 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? 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?............... b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 10 Section 501(c)(7) organizations. Enter: 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. <u>10b</u> 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 13 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 5E1040 1.000

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

Χ

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

ect	ion A. Governing Body and Management				
		0.7		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 27			
	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.	07			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel				X
	any other officer, director, trustee, or key employee?		2		^
3	Did the organization delegate control over management duties customarily performed by or un		9		Х
	supervision of officers, directors, or trustees, or key employees to a management company or othe	•	3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fill		5		X
5	Did the organization become aware during the year of a significant diversion of the organization's a		6	X	71
6	Did the organization have members or stockholders?		•	21	
7a	Did the organization have members, stockholders, or other persons who had the power to ele		7a	Х	
	one or more members of the governing body?		1 a		
b	Are any governance decisions of the organization reserved to (or subject to approval		7b	Х	
•	stockholders, or persons other than the governing body?		7.5		
8	Did the organization contemporaneously document the meetings held or written actions under the veer by the following:	eriaken during			
_	the year by the following: The governing body?		8a	Х	
a	The governing body?		8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internation		Code	ə.)	
				Yes	No
I0a	Did the organization have local chapters, branches, or affiliates?		10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of s				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	-	10b	Х	
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fil	ling 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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t	hat could give			
	rise to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the po	•		37	
	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	Λ	
15	Did the process for determining compensation of the following persons include a review an				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		45-	Х	
	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	21	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
ıba	Did the organization invest in, contribute assets to, or participate in a joint venture or simila		16a		Х
h	with a taxable entity during the year?		100		
b	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	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 3				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	I 990-T (Section	501(c	s)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	•		•	- *
	X Own website Another's website X Upon request Other (explain in Sch	nedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, conflict of inte	erest p	oolicy	, and
	financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's beangely olden 420 FIFTH AVENUE NEW YORK, NY 10018 212 852 8000	ooks and record	s: >		

Part VII

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

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

- 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	box,	unles	Pos neck ss pe	erson	e than c is both tor/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	1 1	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)KATHY HOPINKAH HANNAN	10.00									
NATIONAL PRESIDENT	0.	X		Х				0.	0.	0.
(2)SHARON HOSKIN MATTHEWS	10.00									
FIRST VICE PRESIDENT	0.	Х		Х				0.	0.	0
(3)WONYA LUCAS	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)SAPREET KAUR SALUJA	10.00									
SECRETARY (AS OF 6/15/16)	0.	X		Х				0.	0.	0
(6)PRISCILLA ALMODOVAR	5.00									
BOARD MEMBER	0.	X						0.	0.	0
(7)JENNY ALONZO	5.00									
BOARD MEMBER	0.	Х						0.	0.	0
(8) JUDITH N. BATTY	5.00									
BOARD MEMBER	0.	Х						0.	0.	0
(9) JEANNE KWONG BICKFORD	5.00							_	_	_
BOARD MEMBER	0.	X						0.	0.	0
(10)ANNE CHOW	5.00							_	_	_
BOARD MEMBER	0.	X						0.	0.	0
(11)LYNN M GANGONE	5.00									
BOARD MEMBER	0.	X						0.	0.	0
(12)DINEEN GARCIA	5.00							_	_	_
BOARD MEMBER	0.	Х						0.	0.	0
(13)MONICA GIL	5.00							_	_	_
BOARD MEMBER	0.	Х						0.	0.	0
(14)STEVEN_GILLILAND	5.00									
BOARD MEMBER	0.	X						0.	0.	0 (2045)

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees (c	ontinue	ed)	
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	,.			ition	- 41-		Reportable	Reportable		stimated	
	hours per week (list any	l '				e than c is both		compensation	compensation from		nount of other	ı
	hours for	office	er and			tor/trust		from the	related organizations		pensati	.on
	related	Individual trustee or director	Inst	Officer	Key	Hig	Forme	organization	(W-2/1099-MISC)		om the	
	organizations	ividu direc	Institutional trustee	icer	em	hest	mer	(W-2/1099-MISC)		_	anizatio d related	
	below dotted line)	ot al t	ona		employee	ee t cor					anization	
	,	rust	tru		ee	npe				_		
		e e	stee			Highest compensated employee						
						ie d						
15) JEANMARIE C GRISI	5.00											
BOARD MEMBER	0.	X						0.	0.			0.
16) JOHN HOM	5.00											
BOARD MEMBER	0.	X						0.	0.			0.
17) NOORAIN KHAN	5.00											
BOARD MEMBER	0.	X						0.	0.			0.
18) KAREN MALONEY	5.00											
BOARD MEMBER (THRU JAN 16)	0.	X						0.	0.			0.
19) MINA NGUYEN	5.00											
BOARD MEMBER	0.	X						0.	0.			0.
20) DEBBIE NIELSON	5.00											
BOARD MEMBER	0.	X						0.	0.			0.
21) SUSAN PETERS	5.00											
BOARD MEMBER	0.	Х						0.	0.			0.
22) NORMA PROVENCIO PICHARDO	5.00											
BOARD MEMBER	0.	X						0.	0.			0.
23) NANCY REARDON	5.00											
BOARD MEMBER	0.	X						0.	0.			0.
24) TROOPER SANDERS	5.00											
BOARD MEMBER	0.	Х						0.	0.			0.
25) JULIE SYGIEL	5.00											
BOARD MEMBER	0.	Х						0.	0.			0.
1b Sub-total								0.	0.			0.
c Total from continuation sheets to Part VII, S	ection A						\blacktriangleright	4,110,774.	0.	5	38,3	76.
d Total (add lines 1b and 1c)							>	4,110,774.	0.	5	38,3	76.
2 Total number of individuals (including but not			liste	d al	bov	e) who	o re	eceived more than	\$100,000 of			
reportable compensation from the organization	n 🕨	90)									
											Yes	No
3 Did the organization list any former office	er, directo	r, or	tru	ıste	e,	key e	emp	oloyee, or highes	t compensated			
employee on line 1a? If "Yes," complete Sched	ule J for suc	ch ind	lividu	ual						3		X
4 For any individual listed on line 1a, is the	sum of ren	ortab	ole d	com	per	satio	n a	nd other compens	sation from the			
organization and related organizations gr												
individual										4	Х	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Y										5		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 4		

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 ► 61

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees (c	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do ı box,	not c	Pos heck ss pe	C) sition more	e than control Highest compensated	one an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Es an com fr org an	(F) stimated nount of other pensation om the anization d related anization	on n
26) CARRI BAKER	5.00		Ф			ited						
BOARD MEMBER	† ₀ .	Х						0.	0.			0.
27) SHARON WIBBEN	5.00											
BOARD MEMBER	† ₀ .	Х						0.	0.			0.
28) LORIA YEADON	5.00											
BOARD MEMBER	† <u>-</u> -	X						0.	0.			0.
29) SYLVIA ACEVEDO	10.00											
SECRETARY (THRU 6/14/16)	1	Х		Х				0.	0.			0.
30) ANNA MARIA CHAVEZ	35.00											
CEO (THRU 6/30/2016)	† ₀ .			Х				576,389.	0.		58,6	59.
31) SYLVIA ACEVEDO	35.00							,				
INTERIM CEO (AS OF 6/15/16)	0.	1		Х				0.	0.			0.
32) ANGELA OLDEN	35.00											
CHIEF FINANCIAL OFFICER	† <u>-</u> 0.				X			384,136.	0.		48,3	32.
33) ANTHONY DOYE	35.00											
CHIEF OPERATING OFFICER	· · · · · · · · · · · · · · · · · · ·				X			401,973.	0.		58,7	61.
34) JENNIFER ROCHON	35.00											
GENERAL COUNSEL	· · · · · · · · · · · · · · · · · · ·				X			299,824.	0.		54,4	73.
35) FLORENCE GODFREY	35.00											
CHIEF MARKETING & COMM OFFICER	· · · · · · · · · · · · · · · · · · ·				X			241,581.	0.		46,8	67.
36) JOANNE RENCHER	35.00											
CHIEF PEOPLE OFFICER	· · · · · · · · · · · · · · · · · · ·				X			239,607.	0.		37,3	43.
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						> >				,	
Total number of individuals (including but not reportable compensation from the organization)		hose 90		ed a	bov	e) who	o re	eceived more than	\$100,000 of		г	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations graduated	eater than	\$15	50,0	00?	. It	"Yes	s,"	complete Schedu	le J for such	4	Х	
individual										4	Λ	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5		Х

Section B. Independent Contractors

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 ▶

art VII Section A. Officers, Directors, Tru (A)	(B)		•	(((D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Posi heck ss pe	ition more	e than oo his or/truste Highest compensated employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organization
) BARRY HOROWITZ	35.00									
CHIEF REVENUE OFFICER	0.				Х			308,419.	0.	45,5
) NHADINE LEUNG	35.00									
CHIEF GOVERNANCE OFFICER	0.				Х			282,026.	0.	24,5
) LISA MARGOSIAN	35.00									
CHIEF CUSTOMER OFFICER	0.				Х			302,306.	0.	16,7
) KRISTA KOKJOHN-POEHLER	35.00									
CHIEF GIRL EXPERIENCE OFFICER	0.					Х		231,140.	0.	56,8
) KERRY CONNOLLY	35.00							012 505		0.17
COUNCIL LEADERSHIP STRATEGIST	0.					Х		213,587.	0.	27,0
) CLAIRE FERRARIN	35.00					\ \ _{\sqrt{2}}		222 015		40 E
TALENT MANAGEMENT & LEARNING A	0.					Х		223,915.	0.	40,5
) CHRISTINE BUTLER CHIEF DIGITAL MARKETING EXECUT	35.00					X		207,007.	0.	12 5
) KIMBERLY JOWELL	35.00					Λ		207,007.	0.	13,5
COUNCIL LEADERSHIP STRATEGIST	0.					X		198,864.	0.	9,0
b Sub-total c Total from continuation sheets to Part VII, Sed Total (add lines 1b and 1c) Total number of individuals (including but not I reportable compensation from the organization	imited to the		liste				> > re	ceived more than	\$100,000 of	
Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	ıle J for sud	ch ind	ividu	ual			•			Yes 3
For any individual listed on line 1a, is the sorganization and related organizations greindividual	ater than	\$15 	0,0	00?	If	"Yes	," (complete Schedu	le J for such	4 X
Did any person listed on line 1a receive or for services rendered to the organization? If "Ye										5

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 VIII	Statement	of R	Revenue
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Check if Schedule O contains a response or note to any line in this Part VIII.............. (B) (C) (D) Unrelated Related or Revenue Total revenue business excluded from tax exempt revenue function under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 8,375 Federated campaigns 1b Membership dues С Fundraising events 1d 1e 694,680 Government grants (contributions) . . All other contributions, gifts, grants, and similar amounts not included above . 1f 9,706,915 g Noncash contributions included in lines 1a-1f: \$ _ Total. Add lines 1a-1f 10,409,970 Program Service Revenue **Business Code** MEETING AND LEARNING EVENTS 721000 5,014,508 2,636,683 2,377,825 MEMBERSHIP DUES 624100 36,964,991 36,964,991 b SOFTWARE MAINTENANCE 518210 3,136,791 3,136,791 d RESEARCH REVENUE 541720 40,000 40,000 USAGSO COUNCIL SERVICE FEE 900099 43,185 43,185 26,040 26.040 All other program service revenue Total. Add lines 2a-2f 45,225,515 Investment income (including dividends, interest, 1,375,438 1,377,694. 4 Income from investment of tax-exempt bond proceeds . 0 5 10,734,345. 10,734,345. (ii) Personal (i) Real 6a Gross rents **b** Less: rental expenses c Rental income or (loss) . . d Net rental income or (loss) . _ Gross amount from sales of (i) Securities (ii) Other assets other than inventory 109,632,739. **b** Less: cost or other basis and sales expenses 108,454,002. 1,178,737. c Gain or (loss) d Net gain or (loss) 1,178,737 50,730. 1,128,007. Gross income from fundraising Other Revenue events (not including \$ _ of contributions reported on line 1c). See Part IV, line 18 a **b** Less: direct expenses c Net income or (loss) from fundraising events. 9a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities _____ > 10a Gross sales of inventory, returns and allowances 41,256,994 **b** Less: cost of goods sold 17,997,621 Net income or (loss) from sales of inventory. 23,259,373. 23,259,373 Miscellaneous Revenue **Business Code** INSURANCE RECOVERY 900099 50,414 50,414 11a MISCELLANEOUS REVENUE 900099 179,285 179,285. h С d All other revenue 229,699. Total. Add lines 11a-11d Total revenue. See instructions. 92,413,077 66,107,063 2,426,299 13,469,745. JSA

5E1051 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 response or note to any line in this Part IX (C) Management and (B) Program service (A) Total expenses Do not include amounts reported on lines 6b, 7b, Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 2,704,367. 2,704,367. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 70,000 70,000 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 20,000 20,000 347,070. 347,070. 4 Benefits paid to or for members 5 Compensation of current officers, directors, 228,891. 3,194,997. 2,357,182. 608,924. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 31,073,347. 26,583,203. 3,129,718. 1,360,426. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 4,029,440. 3,392,411. 472,696. 164,333. section 401(k) and 403(b) employer contributions) 3,700,641. 3,404,311. 161,081. 135,249. 94,142. 2,194,454. 1,829,516. 270,796. 11 Fees for services (non-employees): 190,410. 190,410. a Management 773,483. 562,841. 180,952. 29,690. **b** Legal 400,989. 292,560. 66,063. 42,366. c Accounting 229,727. 229,727. d Lobbying 371,284 371,284. e Professional fundraising services. See Part IV, line 17, 377,424. 377,424. f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column 30,480. 11,020,476. 10,426,906. 563,090. (A) amount, list line 11g expenses on Schedule O.) ATCH = 51,047,989. 20,973. 1,109,021. 40,059 12 Advertising and promotion 1,637,422. 1,402,975. 114,858. 119,589. 13 Office expenses 14,699,973. 13,276,396. 1,062,243. 361,334. 14 Information technology 0 15 Royalties 4,047,536. 3,563,656. 205,830. 278,050. Occupancy 16 3,155,884. 2,887,415. 168,208. 100,261. 17 Travel Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings 3,541. 3,279. 115. 147. Interest 1,481,860. 1,481,860. 21 163,695 217,850. 7,098,635. 6,717,090. Depreciation, depletion, and amortization 22 675,196. 259,857. 415,339. Insurance 23 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.) a COMMISSION EXPENSE 920,310. 920,310. bCREDIT CARD PROCESSING FEES___ 810,005. 210,693. 597,833. 1,479. 771,813. 675,176. 36,713. 59,924. cFOOD SERVICES dRECRUITING_EXPENSE_____ 243,434. 3,000. 240,434. 3,750. 882,604. 533,446. 345,408. e All other expenses ____ 98,235,343. 85,393,646. 9,221,479. 3,620,218. 25 Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720) 0

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Part X **Balance Sheet**

		Check if Schedule O contains a response of	r not	e to any line in this Pa	art X		
		orroan a corroan o comanica response o			(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			63,775.	1	17,616.
	2	Savings and temporary cash investments			15,154,674.	2	15,019,812.
	3	Pledges and grants receivable, net	1,839,168.	3	3,377,205.		
	4	Accounts receivable, net	5,443,815.	4	5,304,942.		
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest co	ompei	nsated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			0.	5	0.
	6	Loans and other receivables from other disqualified pers	ons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu					
"		organizations (see instructions). Complete Part II of Sche			0.	6	0.
šets	7	Notes and loans receivable, net			0.	7	0.
Assets	8	Inventories for sale or use			7,025,128.	8	6,614,285.
_	9	Prepaid expenses and deferred charges			980,055.	9	2,002,336.
	10 a	Land, buildings, and equipment: cost or					
			10a				
	b	Less: accumulated depreciation			31,848,993.		31,691,532.
	11	Investments - publicly traded securities			34,685,479.	11	34,366,121.
	12	Investments - other securities. See Part IV, line 11			91,427,175.	12	95,377,909.
	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			1,291,731.	15	1,018,677.
_	16	Total assets. Add lines 1 through 15 (must equal			189,759,993. 13,402,346.	16	194,790,435. 12,824,615.
	17	Accounts payable and accrued expenses			13,402,340.	17	0.
	18 19	Grants payable			18,578,140.	18 19	20,086,954.
	20	Deferred revenue	0.	20	0.		
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Pa	art IV/	of Schodulo D	0.	21	0.
s	22	Loans and other payables to current and for			<u> </u>		J.
Liabilities		trustees, key employees, highest compen					
ig		disqualified persons. Complete Part II of Schedule			0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelate			0.	23	0.
	24	Unsecured notes and loans payable to unrelated			0.	24	0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines	17-2	4). Complete Part X			
		of Schedule D			37,599,881.	25	41,456,099.
_	26	Total liabilities. Add lines 17 through 25			69,580,367.	26	74,367,668.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		k here ► X and			
anc	27	Unrestricted net assets			73,159,657.	27	68,612,837.
Bal	28	Temporarily restricted net assets			23,728,720.	28	26,867,450.
pu	29	Permanently restricted net assets		<u></u> [23,291,249.	29	24,942,480.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here 🕨 💹 and			
ts (30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or equ	ıipmer	nt fund		31	
t A	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32	
S	33	Total net assets or fund balances			120,179,626.	33	120,422,767.
	34	Total liabilities and net assets/fund balances			189,759,993.	34	194,790,435.

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01111 50	70 (2010)				ıα	JC
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		92,4	13,0	77.
2	Total expenses (must equal Part IX, column (A), line 25)	2		98,2	35,3	43.
3	Revenue less expenses. Subtract line 2 from line 1	3		-5,8	22,2	66.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	20,1	79,6	26.
5	Net unrealized gains (losses) on investments	5		8,8	57,1	19.
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		-2,7	91,7	12.
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	20,4	22,7	67.
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	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 cor	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 aud					
	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	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent acc		-	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ı in			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	lergo	the			
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		-	3b		

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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

GIF	LS	SCOUTS OF THE UNITED	STATES OF A	MERICA			13	-1624016
Pa	rt I	Reason for Public Cha	arity Status (All o	organizations must o	complete	e this pa	art.) See instructions	
The	org	anization is not a private fou	indation because it	is: (For lines 1 through	gh 11, ch	eck only	one box.)	
1		A church, convention of ch	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and s	tate:					
5		An organization operated	for the benefit of	a college or universit	ty owned	d or ope	erated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)					
6		A federal, state, or local go	overnment or gove	rnmental unit describe	d in sect	ion 170((b)(1)(A)(v).	
7	Х	An organization that norm	ally receives a sub	ostantial part of its su	ipport fro	om a go	vernmental unit or fro	om the general public
	_	described in section 170(b))(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An organization that norma						
		receipts from activities rel	•	•		-		
		support from gross inves					•	tax) from businesses
		acquired by the organizatio				-	· ·	
10		An organization organized	•	•	-			
11		An organization organized	•	•				
		one or more publicly suppo	_			-		
		the box in lines 11a through					•	=
а		Type I . A supporting org		•	-			
		the supported organization	• •	• • • • • • • • • • • • • • • • • • • •	elect a m	ajority o	of the directors or trus	tees of the supporting
		organization. You must c	=					
b		Type II . A supporting org	•					
		control or management of		=	the sam	e persor	ns that control or man	age the supported
		organization(s). You must						
С		Type III functionally inte						ly integrated with,
		its supported organization		· ·				
d		Type III non-functionally			•			= ::
		that is not functionally into	_	-	-		<u> </u>	an attentiveness
	Г	requirement (see instruct	•	-				
е	L	Check this box if the orga						I, Type III
	En	functionally integrated, or	• •			-		
t		iter the number of supported ovide the following information						
9		lame of supported organization		(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(1)	rame of supported organization	(11) [11]	(described on lines 1-9		ur governing	support (see	other support (see
				above (see instructions))	docui	ment?	instructions)	instructions)
					Yes	No		
(A)								
(D)								
(B)								
(C)								
· · ·								
(D)								
(E)								
Tota	ıl							

Page 2 Schedule A (Form 990 or 990-EZ) 2015

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,712,648.	8,358,972.	9,435,368.	9,860,736.	10,409,970.	48,777,694.
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	10,712,648.	8,358,972.	9,435,368.	9,860,736.	10,409,970.	48,777,694.
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						
6	shown on line 11, column (f)						4,594,682.
6	Public support. Subtract line 5 from line 4.						44,183,012.
	tion B. Total Support	(a) 2011	(b) 2012	(a) 2012	(4) 2014	(a) 2015	(f) Total
	ndar year (or fiscal year beginning in)		` '	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,712,648.	8,358,972.	9,435,368.	9,860,736.	10,409,970.	48,777,694. 55,809,734.
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.)	370,994.	48,263.	30,034.	67,671.	229,699.	746,661.
11	Total support. Add lines 7 through 10						105,334,089.
12	Gross receipts from related activities, etc. (s						331,783,713.
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup	•	•	4.4 1 (0)		4.4	41.95%
14	Public support percentage for 2015 (li		•			14	43.36 %
15	Public support percentage from 2014					224/20/ 25 77 27	
ıoa	331/3% support test - 2015. If the of this box and stop here. The organization						
h	331/3% support test - 2014. If the	•		•			
D	check this box and stop here. The organization						
172	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization	_					
	Part VI how the organization meets t			•		•	•
	organization			•	•		>
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga Explain in Part VI how the organizati	2014. If the organization meets	ganization did no the "facts-and	ot check a box l-circumstances'	on line 13, 16 test, check th	a, 16b, or 17a, nis box and st o	op here.
18	supported organization	did not check a	a box on line 13,	16a, 16b, 17a	, or 17b, check	this box and see	
	instructions	<u> </u>					<u>▶ ∟</u>

Schedule A (Form 990 or 990-EZ) 2015 Page 3

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			· · ·	'	,	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						
	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						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included in line 10b,						
	whether or not the business is regularly						
12	Other income. Do not include gain or						
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	ear as a section	501(c)(3)
	organization, check this box and stop here .	· ·	·		•		` ' ' '
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2015 (line 8,			nn (f))		15	%
16	Public support percentage from 2014 Sche					16	<u> </u>
	tion D. Computation of Investmen					- 1	,,,
<u> 17</u>	Investment income percentage for 2015 (lir			3. column (f))		17	%
18	Investment income percentage from 2014 S					18	
	331/3% support tests - 2015. If the org						
. J a	17 is not more than 331/3%, check thi						. \square
h	331/3% support tests - 2014. If the orga	-					
b	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of		-	•			
-							

Schedule A (Form 990 or 990-EZ) 2015 Page **4**

Part IV Supporting Organizations

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

Section A. All	Supporting	Organizations
----------------	------------	----------------------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more 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 .	9a		
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.	9b		
С	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 .	9с		
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.	10a		
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.)	10b		

	lle A_(Form 990 or 990-EZ) 2015		F	Page 5
Part	Supporting Organizations (continued)		1.7	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	1			
	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		V	NI -
			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.	2		
Secti	on C. Type II Supporting Organizations		1	
			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			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
-	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.			
Cooti	on E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	truoti	ione):	
a	The organization satisfied the Activities Test. Complete line 2 below.	su ucu	OHS).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inetru	ctions)	
•	The organization supported a governmental only. Bossinso in rate vinew year supported a government only (see	moura		No
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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			
	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.	26		
_		2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
	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.	21-		
	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) 2015

Page 6 Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970. See ir	nstructions. All
other Type III non-functionally integrated supporting organizations must com	nplete S	ections A through E.	
Section A - Adjusted Net Income		(A) Prior Voor	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Costina D. Minimum Aport Amount		(A) B: \	(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	ated Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Page 7 Schedule A (Form 990 or 990-EZ) 2015

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	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	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
Δ.	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 Page **8**

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

SCHEDULE A, PART II - OT	THER INCOME				ATTACHMENT 1	
DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
COOKIE PACKAGE REDESIGN	100,000.					100,000.
INSURANCE RECOVERY				5,896.	50,414.	56,310.
MISCELLANEOUS	270,994.	48,263.	30,034.	61,775.	179,285.	590,351.
TOTALS	370,994.	48,263.	30,034.	67,671.	229,699.	746,661.

Schedule B (Form 990, 990-EZ,

or 990-PF)

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization		Employer identification number					
GIRL SCOUTS OF THE U	NITED STATES OF AMERICA						
		13-1624016					
Organization type (check one	9):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private	oundation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private found	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation						
	covered by the General Rule or a Special Rule.						
instructions.	7), (8), or (10) organization can check boxes for both the General Rule and	a Special Rule. See					
General Rule							
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contri- or property) from any one contributor. Complete Parts I and II. See instru-						
	ontributions.						
Special Rules							
regulations under s 13, 16a, or 16b, an	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 98 and that received from any one contributor, during the year, total contribution of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1.	00 or 990-EZ), Part II, line ons of the greater of (1)					
contributor, during	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, anal purposes, or for the prevention of cruelty to children or animals. Comp	charitable, scientific,					
contributor, during contributions totale during the year for General Rule applie	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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
990-EZ, or 990-PF), but it mu	is not covered by the General Rule and/or the Special Rules does not file st answer "No" on Part IV, line 2, of its Form 990; or check the box on lin o certify that it does not meet the filing requirements of Schedule B (Form	e H of its Form 990-EZ or on its					

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization GIRL SCOUTS OF THE UNITED STATES OF AMERICA

Employer identification number 13-1624016

Part I	Contributors (see instructions). Use duplicate cop	·	I
(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		\$\$\$\$	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 X 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		\$ \$ 323,873.	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

Name of organization GIRL SCOUTS OF THE UNITED STATES OF AMERICA

Employer identification number 13-1624016

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is no	eeded.
(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
8		\$\$	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

art II Nonca	sh Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
a) No. From	(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
		\$	
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
		c	1

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization GIRL SCOUTS OF THE UNITED STATES OF AMERICA **Employer identification number** 13-1624016 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

 Section 501(c)(4), (5), or 	(6) organizations: Complete Part III.			
Name of organization			Employer ide	ntification number
	UNITED STATES OF AMERICA		13-162	
Part I-A Complete in	the organization is exempt under	section 501(c) or	is a section 527 orgar	nization.
1 Provide a description	of the organization's direct and indirect	political campaign ac	tivities in Part IV.	
2 Political expenditures			▶ \$	
3 Volunteer hours				
-	the organization is exempt under			
1 Enter the amount of a	any excise tax incurred by the organization	on under section 495	5 > \$	
	any excise tax incurred by organization m			
	urred a section 4955 tax, did it file Form			
b If "Yes," describe in Pa	e?			Yes No
Part I-C Complete it	the organization is exempt under	section 501(c), ex	cent section 501(c)(3).
<u> </u>	ectly expended by the filing organizatio			/·
	he filing organization's funds contributed			
	activities			
	n expenditures. Add lines 1 and 2. Er			
line 17b				
5 Enter the names, add organization made path the amount of political	tion file Form 1120-POL for this year? resses and employer identification numbers. For each organization listed, eral contributions received that were pronuted fund or a political action committee (per (EIN) of all section of the amount paic optly and directly de	on 527 political organization from the filing organization livered to a separate po	ations to which the filing ation's funds. Also ente ditical organization, such
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)				
(2)				
(0)				
(3)		1		
(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) 2015

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Pag	ıe	4

P		Complete if the organizati ection 501(h)).	on is exempt under section 501(c)(3) and	l filed Form 5768 (elec	tion under		
Α	Check ▶ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).						
В	Check ▶	if the filing organization	checked box A and "limited control" provisi	ions apply.			
		Limits on Lobb	ying Expenditures	(a) Filing	(b) Affilia	ted	
		(The term "expenditures" me	eans amounts paid or incurred.)	organization's totals	group tot	als	
18	Total lobby	ying expenditures to influence	public opinion (grass roots lobbying)				
k	b Total lobbying expenditures to influence a legislative body (direct lobbying)			229,727.			
(c Total lobbying expenditures (add lines 1a and 1b)			229,727.			
	d Other exempt purpose expenditures			97,256,908.			
•	e Total exempt purpose expenditures (add lines 1c and 1d)			97,486,635.			
f			e amount from the following table in both				
	columns.			1,000,000.			
	If the amou	int on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:				
	Not over \$5	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 \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.				
	Over \$1,50	0,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.				
	Over \$17,0	00,000	\$1,000,000.				
ç	g Grassroot	s nontaxable amount (enter 25	5% of line 1f)	250,000.			
ŀ	Subtract li	ne 1g from line 1a. If zero or le	ess, enter -0-	0.		0.	
i	Subtract li	ne 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	tion file Form 4720			
	reporting s	section 4911 tax for this year?			Yes	No	
			4-Year Averaging Period Under section 501(h)				
	(Sor	ne 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							
(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total			
1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.			
				6,000,000.			
303,971.	238,692.	205,220.	229,727.	977,610.			
250,000.	250,000.	250,000.	250,000.	1,000,000.			
				1,500,000.			
	(a) 2012 1,000,000. 303,971.	(a) 2012 (b) 2013 1,000,000. 1,000,000. 303,971. 238,692.	(a) 2012 (b) 2013 (c) 2014 1,000,000. 1,000,000. 1,000,000. 303,971. 238,692. 205,220.	(a) 2012 (b) 2013 (c) 2014 (d) 2015 1,000,000. 1,000,000. 1,000,000. 1,000,000. 303,971. 238,692. 205,220. 229,727.			

Schedule C (Form 990 or 990-EZ) 2015

ı aı	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	ı ille	J FOI	111 370	.	
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	1)	(b)		
	cription of the lobbying activity.	Yes	No		Amount	t
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? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
b						
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e f	Publications, or published or broadcast statements? 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	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	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	ì	
	501(c)(6).					
	N/					es 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 Po	Did the organization agree to carry over lobbying and political expenditures from the prior year?				3	
Pa	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,"					ic
	answered "Yes."	ו) אט	о) га	1 t III-A	, IIIIE 3,	15
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	ints (of	•		
	political expenses for which the section 527(f) tax was paid).					
а	Current year			2a		
b	Carryover from last year			2b		
С	Total			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	es		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of th	ie			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo	bbyir	ng			
	and political expenditure next year?			4		
5	Taxable amount of lobbying and political expenditures (see instructions)			5		
	Tell Supplemental Information					4 1
	ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate see instructions); and Part II-B, line 1. Also, complete this part for any additional information.	d grou	ıp list); Part	II-A, lines	s 1 and
<u> </u>	e instructions), and Fart IPB, line 1. Also, complete this part for any additional information.					

Schedule C (Form 990 or 990-EZ) 2015

Page 4

Schedule C (Form 990 or 990-EZ) 2015

Part IV **Supplemental Information** (continued)

SCHEDULE D (Form 990)

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

IValli	e of the organization	Employer identification number		
GIF	RL SCOUTS OF THE UNITED STATES OF AMERICA	13-1624016		
Pa	Organizations Maintaining Donor Advised Funds or Other Similar 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		
4	· · · · · · · · · · · · · · · · · · ·	(-,		
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 it			
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes 📖 No		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	nds can be used		
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for ar	ny other purpose		
	conferring impermissible private benefit?	Yes No		
Pa	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).			
		of a historically important land area		
Protection of natural habitat Preservation of a certified historic structure				
	Preservation of open space	or a certified flistoffe structure		
2		the form of a concernation		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	Held at the End of the Tax Year		
	easement on the last day of the tax year.			
а	Total number of conservation easements	2a		
b	Total acreage restricted by conservation easements	2b		
С	Number of conservation easements on a certified historic structure included in (a)	2c		
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a			
	historic structure listed in the National Register	2d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization during the		
	tax year			
4	Number of states where property subject to conservation easement is located ▶			
5	Does the organization have a written policy regarding the periodic monitoring, inspection	on, handling of		
	violations, and enforcement of the conservation easements it holds?	-		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons			
	•	,		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year		
-	►\$	meer ranemeasements a armig the year		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on 170(h)(/)(R)(i)		
Ü				
_	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.	ar statements that describes the		
D		Cimilar Assats		
Г	Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Similar Assets.		
	· · · · · · · · · · · · · · · · · · ·			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its r works of art, historical treasures, or other similar assets held for public exhibition, educ	evenue statement and balance sheet		
	public service, provide, in Part XIII, the text of the footnote to its financial statements that desc	cribes 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, educ			
	public service, provide the following amounts relating to these items:	,		
	(i) Revenue included in Form 990, Part VIII, line 1	> \$		
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treasures, or other similar a			
-	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	= :		
а	Revenue included in Form 990, Part VIII, line 1			
a b	Assets included in Form 990, Part X.			
		Ψ		

Schedule D (Form 990) 2015

chedule D (Form 990) 2015 Page 2

	t Organizations Maintaini	ng Collections of	Art Historical	Treasures	or Other Simil	ar Assets (Page Z
3	Using the organization's acquisition							
•	collection items (check all that app		ornor robordo, orno	on any or the	, ronowing that t	aro a organico	400 .	J. 110
а	X Public exhibition	.37.	d Loai	n or exchange	programs			
b	Scholarly research		e Othe	_	F 9			
С	X Preservation for future gene	rations						
4	Provide a description of the organ		and explain how	thev further	the organization	's exempt pu	rpose in	Part
	XIII.			,				
5	During the year, did the organization	on solicit or receive o	donations of art, hi	storical treasu	res, or other simi	lar		
	assets to be sold to raise funds rath						Yes X	No
Par	t IV Escrow and Custodial Ar		•					
	Complete if the organizat		s" on Form 990,	Part IV, line 9	, or reported ar	n amount on	Form	
	990, Part X, line 21.				· · · · · · · · · · · · · · · · · · ·			
1a	Is the organization an agent, truste	ee, custodian or othe	er intermediary for	contributions	or other assets no	ot		
	included on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and com	olete the following t	able:				
					A	Amount		
С	Beginning balance			1c				
	Additions during the year							
е	Distributions during the year			1e				
f	Ending balance			1f				
	Did the organization include an am						Yes	No
	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the explanati	on has been pi	rovided on Part XII	<u> </u>		
Par	t V Endowment Funds.	:	-" - · · F- · · · · 000	Dant IV dia a	10			
	Complete if the organizat			_				
		(a) Current year	(b) Prior year	(c) Two year			Four years	
	Beginning of year balance	128,583,000.	138,518,000				1,900,	
	Contributions	1,635,000.	1,353,000	. 968	,000. 1,11	3,000.	1,029	,000.
С	Net investment earnings, gains,	11,033,000.	-2,487,000	. 11,933	000 14 40	1,000. 2	20,195,	000
_	and losses	690,000.	555,000			8,000.		,000. ,000.
	Grants or scholarships	0,000.	333,000	, /10	,000. 71	8,000.		,000.
е	Other expenditures for facilities	10,023,000.	8,246,000	. 1,320	000 8 80	8,000.	3,680,	000
	and programs	10/023/0001	0,210,000	. 1/320	7000. 0700	3,000.	3,000	
f	Administrative expenses	130,538,000.	128.583.000	. 138.518.	,000. 127,65	3.000. 12	21,665,	.000.
g	End of year balance					370001 11		
2 a	Provide the estimated percentage Board designated or quasi-endown	nent b 67.0300	end balance (line i) %	g, column (a))	neid as:			
	Permanent endowment ► 18.9							
	Temporarily restricted endowment							
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.					
3a	Are there endowment funds not in	•		at are held and	d administered for	the		
	organization by:	•	J				Yes	No
	(i) unrelated organizations						a(i)	X
	(ii) related organizations						ı(ii)	X
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as required on S	chedule R?			Bb	
4	Describe in Part XIII the intended of		tion's endowment	unds.				
Par	t VI Land, Buildings, and Equ Complete if the organiza	ipment.	o" on Form 000	Part IV line	11a Soo Form	000 Part V	lino 10	
	Description of property			t or other basis	(c) Accumulated		ok value	
		(inves	tment)	(other)	depreciation	(4) 23		
1a	Land			377,059.			377,0	
	Buildings			,966,122.	42,347,921.	9	,618,2	
	Leasehold improvements			,595,177.	988,672.		606,5	
d	Equipment			,420,011.	15,747,526.		672,4	
	Other			,205,903.	10,788,621.		,417,2	
ıota	II. Add lines 1a through 1e. (Column	ı (a) must equal Fori	ıı 990, Part X, colu	nn (B), iine 10	<i>(C.)</i> ▶	31	,691,5	334.

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015			Page \$		
Part VII Investments - Other Securities.	"Voo" on Form 000	Part IV line 11h Cae Form 000	Dort V. line 10		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	t IV, line 11b. See Form 990, Part X, line 12. (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	5,672,868.	FMV			
(B) PRIVATE BOND FUND	6,243,502.	FMV			
(C) COMMON COLLECTIVE TRUST	63,570,008.	FMV			
(D) HEDGE FUND	15,728,362.	FMV			
(E) REAL ESTATE	4,163,169.	FMV			
(F)					
(G)					
(H)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	95,377,909.				
Part VIII Investments - Program Related. Complete if the organization answered	"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 valua	(c) Method of valuation:		
		Cost or end-of-year mark	ket value		
(1)					
(2)					
(3)					
(4)		_			
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets. Complete if the organization answered	"Yes" on Form 990	Part IV line 11d See Form 990	Part X line 15		
	scription	, 1 art 17, iiile 1 1a. dee 1 diiii 330	(b) Book value		
(1)	3011ption		(b) Book value		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ine 15.)				
Part X Other Liabilities.	/				
Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,		
1. (a) Description of liability	(b) Book value	е			
(1) Federal income taxes					
(2) FUNDS HELD IN TRUST	622,3	303.			
(3) ACCRUED PENSION LIABILITY	40,833,7	96.			
(4)					
(5)					
(6)					
(7)					
(8)					
(0)					

41,456,099. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 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) 2015 Page **4**

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	98,319,772.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	6,284,119.
3	Subtract line 2e from line 1	3	92,035,653.
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 377, 424.		
b	Other (Describe in Part XIII.)		377,424.
c	Add lines 4a and 4b	4c	92,413,077.
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 Irn	92,413,077.
I all	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		00 000 001
1	Total expenses and losses per audited financial statements	1	98,076,631.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		210 712
е	Add lines 2a through 2d	2e	218,712. 97,857,919.
3	Subtract line 2e from line 1	3	91,031,919.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a 377, 424.		
a	investment expenses not included on Form 930, Fart VIII, line Fb.	-	
b	other (besonible in rate Ain.)	4c	377,424.
С 5	Add lines 4a and 4b	5	98,235,343.
	XIII Supplemental Information.		, ,
Provid 2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5		

JSA 5E1271 1.000 Schedule D (Form 990) 2015

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART III, LINE 4 ORGANIZATIONS 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 "GROW 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 40,000 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

Schedule D (Form 990) 2015

Part XIII Supplemental Information (continued)

HTTP://WWW.JULIETTEGORDONLOWBIRTHPLACE.ORG/CONTENT/JULIETTEGORDONLOWBIRTHP LACE/EN.HTML.

THE EDITH MACY CONFERENCE CENTER ("EMCC"), LOCATED IN BRIARCLIFF MANOR, WESTCHESTER COUNTY, NEW YORK, IS A 400+ ACRE CULTURAL ASSET OF THE 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.

THE VISITOR EXPERIENCE AT GSUSA HEADQUARTERS IS CURRENTLY LOCATED ON THE 17TH FLOOR OF THE CORPORATE OFFICES AT 420 FIFTH AVENUE IN MANHATTAN, AND GREETS APPROXIMATELY 5,000 GIRLS AND OTHERS EACH YEAR. THE SPACE WAS REFRESHED IN DECEMBER 2015 FOR THE FIRST TIME SINCE THE INITIAL EXHIBIT OPENED IN 1993, AND NOW TRACES THE ARC OF THE GIRL SCOUT MOVEMENT AND ITS CONTINUED RELEVANCE EVEN TODAY, PROVIDING SPACES WHERE GIRLS OF ALL AGES

Schedule D (Form 990) 2015

Part XIII Supplemental Information (continued)

CAN RECOGNIZE THEIR OWN UNIQUE PASSION, INTELLECT AND STRENGTH. ENTITLED EPIC REFLECTIONS: THE PROMISE OF GIRL SCOUTS, THE INSTALLATION

ILLUMINATES OUR ORGANIZATION'S DYNAMIC, NARRATIVE PAST, AND OFFERS

INSPIRATION FOR ITS FUTURE, RADIATING OUT THE POSSIBILITY FOR ALL.

THE COLLECTION OF THE 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.

Schedule D (Form 990) 2015

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.

FORM 990, 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 TAX YEARS ENDED 2013, 2014, 2015 AND 2016 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. 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.

Schedule D (Form 990) 2015

Part XIII Supplemental Information (continued)

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

RECONCILIATION OF OTHER

PENSION RELATED LOSSES OTHER THAN NET PERIODIC PENSION COST -\$1,781,909,
PENSION SETTLEMENT -\$2,604,324, PRIOR YEAR NET ASSET BALANCES OF FOREIGN
AFFILIATES \$1,715,387, CHANGE IN VALUE OF DEFERRED GIFTS \$8,795, CHANGE
IN VALUE OF CHARITABLE GIFT ANNUITY \$14,925, FOREIGN CURRENCY FORWARD
LOSS \$-144,586 TOTAL -\$2,791,712

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

GIR	L SCOUTS OF THE UNITED	STATES OF	AMERICA		13-1624016	5
Par	General Information of Form 990, Part IV, line 14		Outside the l	Jnited States. Complete	if the organization answe	ered "Yes" on
1	For grantmakers. Does the orga	nization mainta	in records to s	substantiate the amount o	f its grants and other	
	assistance, the grantees' eligibili				_	
	grants or assistance?				r	X Yes No
2	For grantmakers. Describe in	Dort V the or	anization's n	raaaduraa far manitarina	the use of its grants	and other
2	assistance outside the United Sta		ganization's pi	ocedures for mornioring	THE USE OF ITS GLATIES OF	and other
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	pace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	EUROPE		8.	PROGRAM SERVICES	SEE PART V	530,290.
(2)	EAST ASIA AND THE PACIFIC		6.	PROGRAM SERVICES	SEE PART V	391,747.
(3)	CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		15,232,237.
(-,						
(4)	SOUTH AMERICA			GRANTMAKING		15,000.
(5)	CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		5,000.
(6)	CENTRAL AMERICA/CARIBBEAN		2.	PROGRAM SERVICES	RECRUITMENT	8,435.
(7)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total		16.			16,182,709.
b	Total from continuation sheets to Part I					

c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2015

16,182,709.

Page 2 Schedule F (Form 990) 2015

Par	Grants and Other Assist 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	RECRUITMENT	7,500.	WIRE			
(2)			SOUTH AMERICA	RECRUITMENT	7,500.	WIRE			
(3)					·				
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2	Enter total number of recipient org	nanizations listed abo	we that are recognized as	s charities by the	foreign country rea	cognized as ta	x-exempt	1	l
	by the IRS, or for which the grante Enter total number of other organi	e or counsel has prov	vided a section 501(c)(3)	equivalency lette	r		>		2.
3	Line total number of other organi	Lauviis vi enuues					🚩	Cabadula F	(Form 000) 2015

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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
_(1)							
(2)							
(3)							
(4)							
_ (5)							
_(6)							
_(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 Page 4

Part	IV Foreign Forms		
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; do not 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; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

Part V Supplemental Information

Complete this part to 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 I, LINE 3, COLUMN C
OFFICERS, EMPLOYEES, OR AGENTS OUTSIDE THE U.S.

GIRL SCOUTS OF THE UNITED STATES OF AMERICA HAS 14 EMPLOYEES LOCATED
OUTSIDE THE UNITED STATES SERVING DEPENDENT MILITARY FAMILIES. THE
ORGANIZATION ALSO HIRED 2 INDIVIDUALS ON A TERM BASIS UNTIL 12/31/16 TO
WORK ON MEMBERSHIP RECRUITMENT IN PANAMA.

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 LEADERSHIP DEVELOPMENT EXPERIENCES 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 F (Form 990) 2015 Page 5

Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (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 II, LINE 1

PURPOSE OF GRANT - ENHANCING GIRL SCOUTS CAPACITY FOR RECRUITMENT AND

RETENTION FOR GIRLS TO PARTICIPATE IN GIRL SCOUTING.

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, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Inspection **Employer identification number**

GIR	SCOUTS OF THE UNITED STATE					13-1624016	
Par	Fundraising Activities. Cor Form 990-EZ filers are not				"Yes" on Form	990, Part IV, line	17.
1 a b c	X Phone solicitations X In-person solicitations	e f g	X Solid X Solid Spec	citation of recitation of good	non-government g government grant ising events	grants S	
	Did the organization have a written or key employees listed in Form 990 If "Yes," list the ten highest paid ind compensated at least \$5,000 by the), Part VII) or entity ividuals or entities	in connec	tion with p	rofessional fundra	ising services?	X Yes No fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1	ATTACHMENT 1						
3							
4							
5							
6							
7							
8							
9							
10							
Total						371,284.	
3	List all states in which the organiza registration or licensing.	_	or licensed	d to solicit	contributions or	has been notified	it is exempt from
	AK, AZ, AR, CA, CO, CT, DC, FL, GA		.T. N	D. 017			
	<pre>XY,LA,ME,MD,MA,MI,MN,MS,MO DR,PA,RI,SC,TN,UT,VT,VA,WA</pre>		NY,NC,N	D,OH,			
<u>OR, (</u>	JR, PA, RI, SC, IN, UI, VI, VA, WA	, W ∨ , W ⊥ ,					

Schedule G (Form 990 or 990-EZ) 2015 Page 2

Pa	rt II	Fundraising Events. Complete than \$15,000 of fundraising even				
		gross receipts greater than \$5,00		3 11001110 0111 01111 000	LZ, iiiles i and ob. i	LIST CVCITIS WITH
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
45			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
Rev	'	Gross receipts				
		Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
sesus	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4	through 9 in column (d)			
	11	Net income summary. Subtract line 1	0 from line 3, column (d)	<u>)</u>	<u> </u>	
Pa	rt II	Gaming. Complete if the orgathan \$15,000 on Form 990-E	anization answered "Y	es" on Form 990, Pa	rt IV, line 19, or repo	orted more
Φ		inan ¢10,000 on 1 om 1000 E	·	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaining	col. (a) through col. (c))
- Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct F	4	Rent/facility costs				
Ц	5	Other direct expenses				
			Yes%		Yes%	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2	through 5 in column (d)		▶	
	8	Net gaming income summary. Subtra	ct line 7 from line 1, col	umn (d)	>	
9	Er	nter the state(s) in which the organizat	ion conducts gaming ac	tivities:		
a	ı Is	the organization licensed to conduct g				Yes No
k) If	"No," explain:				
	_					
	w	ere any of the organization's gaming l	icenses revoked, suspe	nded or terminated durir	ng the tax year?	Yes No
k) If	"Yes," explain:				

Schedule G (Form 990 or 990-EZ) 2015

Sched	ule G (Form 990 or 990-EZ) 2015
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
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:
	Mana N
	Name ▶
	Addross
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
15 4	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 ▶
	Coming manager companyation • \$
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Booshpilon of corridor provided p
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
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	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
SCHI	EDULE G, PART I, LINE 2B, COLUMN II - ACTIVITY
DCIII	CODE OF TIME I, DIM BD, CODOM II MCIIVIII
STA	FFING ASSESSMENTS; CREATING CASE FOR SUPPORT AND DEVELOPMENT;
STR	ATEGIC COUNSEL AND PROJECT MANAGEMENT; STRATEGIC PHILANTHROPIC
COU	NSEL; PROJECT MANAGEMENT AND INTERIM LEADERSHIP OF PARTNERSHIP TEAM

Schedule G (Form 990 or 990-EZ) 2015

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF		DID FUNDRAISER HAVE	GROSS RECEIPTS	AMOUNT PAID TO	AMOUNT PAID TO
FUNDRAISER	ACTIVITY	CUSTODY OR CONTROL	FROM ACTIVITY	(OR RETAINED BY	(OR RETAINED BY
		OF CONTRIBUTIONS?		FUNDRAISER	ORGANIZATION
		VEC NO			

ORR ASSOCIATES, INC.

SEE PART IV X 371,284.

2801 M STREET WASHINGTON DC 20007

PAGE 51

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

2015

OMB No. 1545-0047

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

▶ Attach to Form 990.

Open to Public Inspection

Internal Revenue Service

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

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 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. 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. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(q) Description of (h) Purpose of grant or government if applicable cash assistance non-cash assistance or assistance grant (1) GSC OF TROPICAL FLORIDA 11347 SW 160 ST MIAMI, FL 33624 59-0651087 501 (C) 3 26,363 PROGRAM FULFILMENT (2) GS OF ALASKA 3911 TURNAGAIN BLVD E ANCHORAGE, AK 99517 92-6000179 501 (C) 3 15,719 PROGRAM FULFILMENT (3) GS OF BLACK DIAMOND COUNCIL 321 VIRGINIA ST. W, CHARLESTON, WV 25301 501 (C) 3 9,957 PROGRAM FULFILMENT (4) GS OF THE GREEN & WHITE MOUNTAINS 1 COMMERCE DR BEDFORD, NH 03110 02-0243160 501 (C) 3 19,871 PROGRAM FULFILMENT (5) GS OF EASTERN MASSACHUSETTS 95 BERKELEY ST. BOSTON, MA 02116 04-2703281 501 (C) 3 6,248 PROGRAM FULFILMENT (6) GS OF EASTERN MISSOURI 2300 BALL DR ST. LOUIS, MO 63146 43-0662471 501 (C) 3 27,805 PROGRAM FULFILMENT (7) GS OF EASTERN WASHINGTON & NORTH IDAHO 1404 NORTH ASH ST SPOKANE, WA 99201 501 (C) 3 19,276. PROGRAM FULFILMENT (8) GS OF MAINE 138 GANNETT DR SOUTH PORTLAND, ME 04106 01-0269802 501 (C) 3 8,973 PROGRAM FULFILMENT (9) GIRL SCOUTS OF SOUTHEASTERN NEW ENGLAND 500 GREENWICH AVE WARWICK, RI 02886 05-0300724 501 (C) 3 8,023 PROGRAM FULFILMENT (10) GS OF CONNECTICUT 340 WASHINGTON ST HARTFORD, CT 06106 06-0646756 501 (C) 3 8,287 PROGRAM FULFILMENT (11) GIRL SCOUTS OF NASSAU COUNTY 110 RING RD WEST GARDEN CITY, NY 11530 11-2041443 501 (C) 3 PROGRAM FULFILMENT (12) SUFFOLK COUNTY GSC INC 442 MORELAND RD COMMACK, NY 11725 11-2164434 501 (C) 3 PROGRAM FULFILMENT Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Schedule I (Form 990) (2015)

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

OMB No. 1545-0047

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

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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 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. 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. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(q) Description of (h) Purpose of grant or government if applicable cash assistance non-cash assistance or assistance grant (1) GREATER NY GIRL SCOUT COUNCIL 40 WALL ST NEW YORK, NY 10005 13-1624014 501 (C) 3 71,120 PROGRAM FULFILMENT (2) GIRL SCOUTS OF GREATER SOUTH TEXAS 202 E MADISON AVE HARLINGEN, TX 78550 74-1256499 501 (C) 3 6,460 PROGRAM FULFILMENT (3) GS HEART OF THE HUDSON 2 GREAT OAK LN PLEASANTVILLE, NY 10570 501 (C) 3 53,919 PROGRAM FULFILMENT (4) GS OF OHIO'S HEARTLAND COUNCIL 1700 WATERMARK DR COLUMBUS, OH 43215 31-4379475 501 (C) 3 7,147 PROGRAM FULFILMENT (5) GS OF WESTERN NEW YORK 3332 WALDEN AVE DEPEW, NY 14043 16-0743096 501 (C) 3 8,091 PROGRAM FULFILMENT (6) GS OF NY PENN PATHWAYS, INC. 8170 THOMPSON RD CICERO, NY 13039 16-0844808 501 (C) 3 6,066 PROGRAM FULFILMENT (7) GS OF GULFCOAST FLORIDA, INC 4780 CATTLEMEN RD SARASOTA, FL 34233 59-0760212 501 (C) 3 6,030 PROGRAM FULFILMENT (8) GS HEART OF NEW JERSEY 120 VALLEY RD MONTCLAIR, NJ 07042 22-1638950 501 (C) 3 80,971 PROGRAM FULFILMENT (9) GS OF NORTHERN NEW JERSEY 95 NEWARK POMPTON TPKE RIVERDALE, NJ 07457 22-1928958 501 (C) 3 6,655 PROGRAM FULFILMENT (10) GS OF EASTERN PENNSYLVANIA 330 MANOR RD MIQUON, PA 19444 23-1352309 501 (C) 3 86,747 PROGRAM FULFILMENT (11) ORANGE COUNTY GS COUNCIL 9500 TOLEDO WAY IRVINE, CA 92618 23-7395094 501 (C) 3 5,364 PROGRAM FULFILMENT (12) GS OF WESTERN PENNSYLVANIA 30 ISABELLA ST PITTSBURGH, PA 15212 25-1126094 501 (C) 3 PROGRAM FULFILMENT Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Schedule I (Form 990) (2015)

JSA 5E1288 1.000

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

2015

OMB No. 1545-0047

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

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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 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. 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. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant or government if applicable cash assistance non-cash assistance or assistance grant (1) GS OF WESTERN OHIO 4930 CORNELL RD CINCINNATI, OH 45242 31-0679091 501 (C) 3 44,383 PROGRAM FULFILMENT (2) GS OF NORTH EAST OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 44056 34-0726094 501 (C) 3 21,559 PROGRAM FULFILMENT (3) GREATER CHICAGO AND NORTHWEST INDIANA 20 SOUTH CLARK ST CHICAGO, IL 60030 501 (C) 3 148,443 PROGRAM FULFILMENT (4) GS OF SOUTHERN ILLINOIS #4 GINGER CREEK PKY GLEN CARBON, IL 62034 37-0811488 501 (C) 3 14,256. PROGRAM FULFILMENT (5) GS OF MICHIGAN SHORE TO SHORE 3275 WALKER AVE NW GRAND RAPIDS, MI 49544 38-1366924 501 (C) 3 28,539 PROGRAM FULFILMENT (6) GS OF THE WISCONSIN SOUTHEAST 131 SOUTH 69 ST MILWAUKEE, WI 53214 39-0892833 501 (C) 3 22,646 PROGRAM FULFILMENT (7) GS OF MINNESOTA AND WISCONSIN RIVER 400 SOUTH ROBERT ST ST. PAUL, MN 55107 41-0877820 501 (C) 3 7,809 PROGRAM FULFILMENT (8) GS OF GREATER IOWA 10715 HICKMAN RD DES MOINES, IA 50322 42-0698218 501 (C) 3 32,028 PROGRAM FULFILMENT (9) GS NE KANSAS & NW MISSOURI 8383 BLUE PKY DR KANSAS CITY, MO 64133 43-0892926 501 (C) 3 5,388 PROGRAM FULFILMENT (10) GS OF CHESAPEAKE BAY 225 OLD BALTIMORE PIKE NEWARK, DE 19702 51-0064337 501 (C) 3 35,499 PROGRAM FULFILMENT (11) GIRL SCOUTS OF CENTRAL MARYLAND 4806 SETON DR BALTIMORE, MD 21215 52-0780207 501 (C) 3 128,571 PROGRAM FULFILMENT (12) NATIONS CAPITAL GS COUNCIL 4301 CONNECTICUT AVE, NW WASHINGTON, DC 200 54-0732966 501 (C) 3 PROGRAM FULFILMENT Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Schedule I (Form 990) (2015)

JSA 5E1288 1.000

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

2015

OMB No. 1545-0047

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

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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 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. 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. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant or government if applicable cash assistance non-cash assistance or assistance grant (1) VIRGINIA SKYLINE GSC, INC. 3663 PETERS CREEK RD NW ROANOKE, VA 24019 54-0737207 501 (C) 3 24,973 PROGRAM FULFILMENT (2) GS HORNETS NEST COUNCIL 7007 IDLEWILD RD CHARLOTTE, NC 28212 56-0563842 501 (C) 3 13,642 PROGRAM FULFILMENT (3) GS CAROLINAS PEAKS TO PIEDMONT, INC 8818 W MARKET ST COLFAX, NC 27235 501 (C) 3 6,596 PROGRAM FULFILMENT (4) GS OF NORTH CAROLINA COASTAL PINES 6901 PINECREST RD RALEIGH, NC 27613 56-0791500 501 (C) 3 9,029 PROGRAM FULFILMENT (5) SOUTH CAROLINA-MOUNTAINS TO MIDLANDS FIVE INDEPENDENCE POINTE GREENVILLE, SC 296 57-0314433 501 (C) 3 11,384 PROGRAM FULFILMENT (6) GIRL SCOUTS OF EASTERN SOUTH CAROLINA 7257 CROSS COUNTY RD NORTH CHARLESTON, SC 2 57-0341216 501 (C) 3 6,316 PROGRAM FULFILMENT (7) GS OF GREATER ATLANTA 5601 NORTH ALLEN RD MABLETON, GA 30126 501 (C) 3 124,606 PROGRAM FULFILMENT (8) GS OF HISTORIC GEORGIA 6869 COLUMBUS RD LIZELLA, GA 31052 58-0566191 501 (C) 3 25,796 PROGRAM FULFILMENT (9) GS OF WEST CENTRAL FLORIDA 4610 EISENHOWER BLVD TAMPA, FL 33634 59-0624454 501 (C) 3 15,009 PROGRAM FULFILMENT (10) GATEWAY GIRL SCOUT COUNCIL 1000 SHEARER ST JACKSONVILLE, FL 32205 59-0637857 501 (C) 3 6,615 PROGRAM FULFILMENT (11) CITRUS GIRL SCOUT COUNCIL 341 NORTH MILLS AVE ORLANDO, FL 32803 59-0696293 501 (C) 3 8,733 PROGRAM FULFILMENT (12) GIRL SCOUTS OF THE FLORIDA PANHANDLE 1515 ST. ANDREWS BLVD PANAMA CITY, FL 32405 59-0760209 501 (C) 3 PROGRAM FULFILMENT Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Schedule I (Form 990) (2015)

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

OMB No. 1545-0047
2015

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

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

GIRL SCOUTS OF THE UNITED STATES Part I General Information on Grants						13-1624016				
Part I General Information on Grants	and Assistance	_	GIRL SCOUTS OF THE UNITED STATES OF AMERICA							
		е				•				
 Does the organization maintain records the selection criteria used to award the good Describe in Part IV the organization's production. 	rants or assistand	e?					X Yes No			
Part II Grants and Other Assistance t 990, Part IV, line 21, for any re							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 non-cash assistance	(h) Purpose of grant or assistance			
(1) GS HEART OF THE SOUTH										
717 SOUTH WHITE STATION RD MEMPHIS, TN 38:	62-0502197	501 (C) 3	7,531.				PROGRAM FULFILMENT			
(2) GS OF MIDDLE TENNESSEE, INC.										
4522 GRANNY WHITE PIKE NASHVILLE, TN 37204	62-0589380	501 (C) 3	26,433.				PROGRAM FULFILMENT			
(3) GS DIAMONDS OF ARKANS, OKLAH & TEXAS										
11311 ARCADE DR LITTLE ROCK, AR 72212	71-0309373	501 (C) 3	6,795.				PROGRAM FULFILMENT			
(4) GS OF LOUISIANA EAST										
841 SOUTH CLEARVIEW PKY NEW ORLEANS, LA 70	72-0453615	501 (C) 3	5,594.				PROGRAM FULFILMENT			
(5) GS OF EASTERN OKLAHOMA										
2432 EAST 51ST ST TULSA, OK 74105	73-0579240	501 (C) 3	11,999.				PROGRAM FULFILMENT			
(6) GS OF WESTERN OKLAHOMA, INC.										
6100 N ROBINSON AVE OKLAHOMA CITY, OK 731	18 73-0677849	501 (C) 3	35,961.				PROGRAM FULFILMENT			
(7) GS OF CENTRAL TEXAS										
12012 PARK 35 CIR AUSTIN, TX 78753	74-1109644	501 (C) 3	51,459.				PROGRAM FULFILMENT			
(8) GS OF SOUTHWEST TEXAS										
811 N COKER LOOP RD SAN ANTONIO, TX 78216	74-1109759	501 (C) 3	98,665.				PROGRAM FULFILMENT			
(9) GS OF THE TEXAS OKLAHOMA PLAINS										
4901 BRIARHAVEN RD FORT WORTH, TX 76109	75-0818162	501 (C) 3	7,688.				PROGRAM FULFILMENT			
10) GIRL SCOUTS OF NORTHEAST TEXAS										
6001 SUMMERSIDE DR DALLAS, TX 75252	75-1101571	501 (C) 3	103,158.				PROGRAM FULFILMENT			
11) GS OF MONTANA AND WYOMING										
2303 GRAND AVE BILLINGS, MT 59102	81-6001486	501 (C) 3	5,297.				PROGRAM FULFILMENT			
12) SILVER SAGE G.S.C.										
1410 ETHERIDGE LN BOISE, ID 83704	82-0259644	501 (C) 3	6,004.				PROGRAM FULFILMENT			
2 Enter total number of section 501(c)(3)3 Enter total number of other organization	•	•								

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

Schedule I (Form 990) (2015)

JSA 5E1288 1.000

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

2015

OMB No. 1545-0047

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.

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

Open to Public Inspection

Employer identification number

GIRL SCOUTS OF THE UNITED STATES	OF AMERICA					13-1624016	
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 cedures for mo	ce? nitoring the use	of grant funds in the	e United States.			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 non-cash assistance	(h) Purpose of grant or assistance
(1) THE TETON SCIENCE SCHOOL							
700 COYOTE CANYON RD JACKSON, WY 83001	83-0219163	501 (C) 3	9,600.				PROGRAM FULFILMENT
(2) ARIZONA CACTUS PINE GSC							
119 E CORONADO RD PHOENIX, AZ 85004	86-0133397	501 (C) 3	65,657.				PROGRAM FULFILMENT
(3) GIRL SCOUTS OF SOUTHERN NEVADA, INC							
2941 HARRIS AVE LAS VEGAS, NV 89101	88-0060273	501 (C) 3	77,862.				PROGRAM FULFILMENT
(4) GS OF WESTERN WASHINGTON							
601 VALLEY ST SEATTLE, WA 98109	91-6060940	501 (C) 3	29,778.				PROGRAM FULFILMENT
(5) GS OF OREGON & SW WASHINGTON INC.							
9620 SW BARBUR BLVD PORTLAND, OR 97219	93-0399051	501 (C) 3	7,099.				PROGRAM FULFILMENT
(6) GS OF NORTHERN CALIFORNIA							
1650 HARBOR BAY PKY ALAMEDA, CA 94502	94-1551410	501 (C) 3	53,096.				PROGRAM FULFILMENT
(7) GS OF CALIFORNIA'S CENTRAL COAST							
1500 PALMA DR VENTURA, CA 93003	94-1567162	501 (C) 3	9,054.				PROGRAM FULFILMENT
(8) GS OF GREATER LOS ANGELES							
801 S GRAND AVE LOS ANGELES, CA 90017	95-1644033	501 (C) 3	223,500.				PROGRAM FULFILMENT
(9) GS SAN DIEGO-IMPERIAL COUNCIL							
1231 UPAS ST SAN DIEGO, CA 92103	95-1644585	501 (C) 3	6,735.				PROGRAM FULFILMENT
(10) GS OF CENTRAL CALIFORNIA SOUTH							
1377 W SHAW AVE FRESNO, CA 93711	95-1766795	501 (C) 3	18,144.				PROGRAM FULFILMENT
(11) GIRL SCOUTS SAN GORGONIO COUNCIL							
1751 PLUM LN REDLANDS, CA 92374	95-1967727	501 (C) 3	6,228.				PROGRAM FULFILMENT
(12) GS OF WISCONSIN-BADGERLAND							
131 SOUTH 69 ST MILWAUKEE, WI 53214	39-0806331	501 (C) 3	5,585.				PROGRAM FULFILMENT
2 Enter total number of section 501(c)(3)	and governmen	nt organizations	listed in the line 1 t	able		 	72.
3 Enter total number of other organization	ne lietad in tha li	na 1 tahla				_	

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

Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015)

art III	Grants and Other Assistance to Individuals in the United States. 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 2016 ALCOA 'CHUCK MCLANE SCHOLARSHIP' RECIPIENT	4.	20,000.			
2 2016 KAPPA DELTA FOUNDATION SCHOLARSHIP RECIPIENT	10.	50,000.			
2 2016 KAPPA DELTA FOUNDATION SCHOLARSHIP RECIPIENT	10.	50,000.			
3					
4					
5					
_ 6					
7					

Part IV Supplemental Information. Complete this part to 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.

Department of the Treasury

Internal Revenue Service Name of the organization

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.

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

OMB No. 1545-0047

Open to Public Inspection

GIRL SCOUTS OF THE UNITED STATES OF AMERICA Part I Questions Regarding Compensation

Employer identification number 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			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
b	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 in line			
	1a?	2	Х	
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		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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		Х
	If "Yes" to 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:			
а	The organization?	6a	X	
b	Any related organization?	6b		Х
	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 non-fixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
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			
	in Part III	8		Х
9	If "Yes" to 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.

Schedule J (Form 990) 2015

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 are not 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	f W-2 and/or 1099-MIS	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
ANNA MARIA CHAVEZ	(i)	445,747.	117,618.	13,024.	21,186.	37,473.	635,048.	12,299.
1 ^{CEO} (THRU 6/30/2016)	(ii)	0.	0.	0.	0.	0.	0.	0.
ANGELA OLDEN	(i)	312,764.	70,628.	744.	13,721.	34,611.	432,468.	0.
2 ^{CHIEF} FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
ANTHONY DOYE	(i)	282,524.	21,865.	97,584.	40,862.	17,899.	460,734.	0.
3CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
JENNIFER ROCHON	(i)	249,000.	32,404.	18,420.	8,576.	45,897.	354,297.	0.
4GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
FLORENCE GODFREY	(i)	216,348.	24,750.	483.	10,125.	36,742.	288,448.	0.
5CHIEF MARKETING & COMM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
JOANNE RENCHER	(i)	215,659.	23,650.	298.	9,748.	27,595.	276,950.	0.
6 ^{CHIEF} PEOPLE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
BARRY HOROWITZ	(i)	272,687.	32,190.	3,542.	15,207.	30,302.	353,928.	0.
7CHIEF REVENUE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
NHADINE LEUNG	(i)	231,201.	50,497.	328.	12,778.	11,789.	306,593.	0.
8CHIEF GOVERNANCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
LISA MARGOSIAN	(i)	272,454.	29,852.	0.	14,531.	2,216.	319,053.	0.
9CHIEF CUSTOMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
KRISTA KOKJOHN-POEHLER	(i)	230,147.	0.	993.	13,475.	43,408.	288,023.	0.
10 ^{CHIEF GIRL EXPERIENCE OFFICER}	(ii)	0.	0.	0.	0.	0.	0.	0.
KERRY CONNOLLY	(i)	211,669.	0.	1,918.	10,500.	16,535.	240,622.	0.
11 ^{COUNCIL} LEADERSHIP STRATEGIST	(ii)	0.	0.	0.	0.	0.	0.	0.
CLAIRE FERRARIN	(i)	221,843.	0.	2,072.	12,317.	28,267.	264,499.	0.
12TALENT MANAGEMENT & LEARNING A	(ii)	0.	0.	0.	0.	0.	0.	0.
CHRISTINE BUTLER	(i)	206,737.	0.	270.	10,923.	2,634.	220,564.	0.
13 ^{CHIEF} DIGITAL MARKETING EXECUT	(ii)	0.	0.	0.	0.	0.	0.	0.
KIMBERLY JOWELL	(i)	172,661.	25,983.	220.	6,676.	2,383.	207,923.	0.
14 ^{COUNCIL} LEADERSHIP STRATEGIST	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
_15	(ii)							
	(i)							
_16	(ii)							

Schedule J (Form 990) 2015

Part | Supplemental Information

Complete this part to 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 WILL BE IN 2017. THE ALLOWANCE IS SUBJECT TO REVIEW AFTER THE 2017 PAYMENT IS EXECUTED.

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

THE TRAVEL AND LIVING ALLOWANCE FOR THE COO WAS DETERMINED BY THE CEO IN CONSULTATION WITH THE CFO AND THE CHIEF PEOPLE OFFICER DUE TO THE DISTANCE OF HIS HOME FROM THE OFFICE AND THE NEED FOR HIM TO BE ON SITE A MAJORITY OF THE TIME TO BE EFFECTIVE IN HIS ROLE. THE AMOUNT WAS BASED ON TRAVEL EXPENSES HE HAD BEEN INCURRING AS THE INTERIM CIO, WHICH WERE SUBSTANTIATED BY RECEIPTS AND SUBMITTED FOR REIMBURSEMENT. THE HOUSING ALLOWANCE WAS DETERMINED BASED ON THE LEASE COSTS OF THE APARTMENT HE RENTED VERSUS THE PREVIOUS USE OF HOTEL ROOMS. THESE AMOUNTS WERE

Part | Supplemental Information

Complete this part to 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.

AGGREGATED TO ARRIVE AT A FIXED SUM WHICH WAS THEN GROSSED UP AND INCLUDED IN HIS TAXABLE INCOME. THIS ALLOWANCE WAS SUPPORTED BY A REASONABLENESS DETERMINATION FROM AN INDEPENDENT THIRD PARTY COMPENSATION CONSULTANT, AS PART OF ITS COMPETITIVE CORE COMPENSATION ANALYSIS.

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).

FORM 990, SCHEDULE J, PART I, LINE 4(B) AND 7

THE CEO WAS ELIGIBLE FOR A RETENTION BONUS THAT IS 8% OF BASE SALARY AS A LONG-TERM RETENTION BONUS PAYMENT PLAN TO VEST 33.33% EVERY 3 YEARS OVER A NINE-YEAR PERIOD. THIS WAS DECIDED BY THE EXECUTIVE DEVELOPMENT COMPENSATION COMMITTEE.

THE CEO'S RETENTION BONUS WAS TERMINATED IN FY 2016 WHEN THE CEO LEFT THE ORGANIZATION. A DISTRIBUTION OF \$12,299 WAS PAID IN CALENDAR YEAR 2015 AND PRESENTED IN PART II, COLUMN B(III) AND COLUMN F AS IT WAS REPORTED

Part | Supplemental Information

Complete this part to 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.

AS DEFERRED COMPENSATION IN A PRIOR YEAR. THE REMAINING BALANCE OF

\$22,670 WILL BE PAID IN CALENDAR YEAR 2016.

FORM 990, SCHEDULE J, PART II, COLUMN B(III)

ANNA MARIA CHAVEZ - RETENTION BONUS PAYMENT \$12,299

TONY DOYE - RETENTION BONUS PAYMENT - \$15,000

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

APPLICABLE TAXES), THE GROSSED UP AMOUNT BEING \$82,584.

FORM 990, SCHEDULE J, PART II, COLUMN C

TONY DOYE - INCLUDES DEFERRED RETENTION BONUS PAYMENT TO BE PAID IN

CALENDAR YEARS 2016 AND 2017, TOTALING \$30,000.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Employer identification number

13-1624016

Name of the organization
GIRL SCOUTS OF THE UNITED STATES OF AMERICA

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

OTHER PROGRAM SERVICES

INTERNATIONAL: PROVIDES OPPORTUNITIES FOR GIRLS TO ENGAGE IN

CROSS-CULTURAL OPPORTUNITIES AND GLOBAL EDUCATION PROGRAMMING, INCLUDING

DEVELOPING AND MANAGING RELATIONSHIPS 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 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 THE NATIONAL COUNCIL IS HELD TRIENNIALLY TO ELECT A NATIONAL BOARD OF DIRECTORS AND DETERMINE GENERAL LINES OF POLICY BY ACTING UPON PROPOSALS.

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

GIRL SCOUTS OF THE UNITED STATES OF AMERICA (GSUSA) PERFORMS A COMPLETE REVIEW PROCESS OF ITS FORM 990 AND RELATED SCHEDULES. THE DOCUMENTS AND SUPPORTING SCHEDULES ARE PREPARED INTERNALLY BY MANAGEMENT AND THEN REVIEWED BY OUR INDEPENDENT AUDITORS. OUR FORM 990 IS PROVIDED VIA THE BOARD INTRANET TO OUR BOARD MEMBERS AND IS REVIEWED BY THE AUDIT COMMITTEE OF THE NATIONAL BOARD.

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 DETERMINES 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

Employer identification number 13-1624016

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 OUR WEBSITE.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PENSION RELATED LOSSES OTHER THAN NET PERIODIC PENSION COST -\$1,781,909,
PENSION SETTLEMENT -\$2,604,324, PRIOR YEAR NET ASSET BALANCES OF FOREIGN
AFFILIATES \$1,715,387, CHANGE IN VALUE OF DEFERRED GIFTS \$8,795, CHANGE
IN VALUE OF CHARITABLE GIFT ANNUITY \$14,925, FOREIGN CURRENCY FORWARD
LOSS \$-144,586 TOTAL -\$2,791,712

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 DEDICATED TO BUILDING 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 AND 59 MILLION ALUMNAE.

GSUSA PUTS GIRLS FIRST, BECAUSE WHEN GIRLS SUCCEED, SO DOES SOCIETY
A VALUE REFLECTED IN OUR MISSION TO HELP GIRLS DEVELOP THE COURAGE,

CONFIDENCE AND CHARACTER WHO MAKE THE WORLD A BETTER PLACE. GSUSA

BELIEVES THAT GIRLS LEARN BY DOING AND THAT THEY LEARN BEST IN A

Employer identification number

| 13-1624016 ATTACHMENT 1 (CONT'D)

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

SAFE, POSITIVE ENVIRONMENT; THAT ADULT PARTICIPATION AND MENTORSHIP

ARE CRITICAL TO THE STRENGTH AND CAPACITY OF OUR MOVEMENT; AND THAT

SERVICE TO THE COMMUNITY IS A CORE HUMAN VIRTUE.

GSUSA IS COMMITTED TO ADVANCING DIVERSITY AND PLURALISM ACROSS THE

GIRL SCOUT MOVEMENT AND THE COMMUNITIES IT SERVES. GSUSA IS GOVERNED

BY A DECISIVE AND NIMBLE DEMOCRATIC PROCESS THAT DEMONSTRATES THE

ORGANIZATION'S LEADERSHIP IN RESPONSE TO A FAST-CHANGING WORLD. IT

IS A PREMIER VOICE FOR GIRLS AND AN EXPERT ON THEIR GROWTH AND

LEADERSHIP DEVELOPMENT.

THE PURPOSE OF THE ORGANIZATION IS TO PROMOTE THE GIRL SCOUT

MOVEMENT. 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 NATIONAL BOARD. 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 GRADES K-12 WHO MEETS THE MEMBERSHIP

REQUIREMENTS, AND TO FURTHER THE DEVELOPMENT OF THE GIRL SCOUT

MOVEMENT IN THE UNITED STATES. THE NATIONAL ORGANIZATION PROVIDES

SERVICES TO ITS CHARTERED COUNCILS. IN PROVIDING THESE SERVICES, THE

ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX IN ACCORDANCE WITH

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

Schedule O (Form 990 or 990-EZ) 2015 Page **2**

Name of the organization

GIRL SCOUTS OF THE UNITED STATES OF AMERICA

13-1624016

ATTACHMENT 2

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

 DESCRIPTION
 GRANTS
 EXPENSES
 REVENUE

 INTERNATIONAL
 0. 2,339,226. 1,012,599.

 TOTALS
 0. 2,339,226. 1,012,599.

ATTACHMENT 3

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,

MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

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

ATTACHMENT 4

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ACCENTURE 800 N. GELEBE ROAD ARLINGTON, VA 22203	IT DEVELOPMENT	3,481,819.
ROUNDCORNER 2075 ALLSTON WAY SUITE 202 BERKELY, CA 94704	IT DEVELOPMENT	2,185,115.
RANDSTAD TECHNOLOGIES P.O. BOX 847872 DALLAS, TX 75284	IT DEVELOPMENT	1,814,488.
ERNST & YOUNG P.O. BOX 640382 PITTSBURGH, PA 15264	IT DEVELOPMENT	1,691,260.
SALESFORCE P.O. BOX 39000 SAN FRANCISCO, CA 94139-0001	TECHNICAL SERVICES	1,672,943.

Page 2

Name of the organization	Employer identification number
GIRL SCOUTS OF THE UNITED STATES OF AMERICA	13-1624016
	ATTACHMENT 5

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
TEMPORARY STAFFING	5,334,297.	5,334,297.		
RESEARCH	586,468.	586,468.		
MEETING PRODUCTION AND SPEAKER	289,502.	289,502.		
MARKETING AND COMM CONSULTANT	1,003,563.	1,003,563.		
STRATEGY CONSULTANTS	272,469.	272,469.		
LEARNING CONSULTANTS	690,616.	690,616.		
CUSTOMER ENGAGEMENT INITIATIVE	479,479.	479,479.		
DIGITAL COOKIE	283,341.	283,341.		
OTHER	2,080,741.	1,487,171.	563,090.	30,480.
TOTALS	11,020,476.	10,426,906.	563,090.	30,480.

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.

Department of the Treasury ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

GIRL SCOUTS OF THE UNITED STATES OF AMERICA

13-1624016

Employer identification number

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		10,241,787.	GSUSA
_(2)					
(3)					
(4)					
(5)					
(6)					

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had Part II 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	olled
						Yes	No
(1) WORLD FOUNDATION FOR GIRL GUIDES AND GIR 23-7147834							
420 FIFTH AVENUE NEW YORK, NY 10018	GIRL SCOUTING	NY	501(C)(3)	7	GSUSA	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2015

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 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	Disprop	n) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	(j) eral or naging tner?	(k) Percentage ownership
		country)		000000000000000000000000000000000000000			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)(control entity	on (13) olled y?
								Yes N	No
(1) GIRL SCOUTS OF THE USA TRUST 30-634902	21								_
400 HOWARD STREET SAN FRANCISCO, CA 94105	GRANTOR TRUST	NY	GSUSA	TRUST	2,238,231.	23,594,655.	100.0000	х	
(2)									
(3)									
(4)									_
(5)									_
A-7									
(6)									_
A-7									
(7)									_
1.1									
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JSA

5E1308 1.000

Schedule R (Form 990) 2015

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Schedule R (Fo	orm 990) 2015	Page 3
Part V	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

		•	, , ,				
Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more rel	lated organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s).				1f		Х
	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Χ
-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
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
0	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1р		X
q	Reimbursement paid by related organization(s) for expenses				1q	Х	
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this	is line, including cove	ered relationships and transac	ction thres	shold	s.	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method o	(d)	rminin	na
	Haino or rolated organization	type (a-s)	7 tillount ill voivou		nt invo		.9

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	WORLD FOUNDATION FOR GIRL GUIDES/GIRL SCOUTS	Q	64,253.	COST
(2)				
(3)				
(4)				
<u>(5)</u>				
(6)				

JSA 5E1309 1.000

Schedule R (Form 990) 2015

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of 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
				Yes	No		Yes	No		Yes	No	 	
(1)													
(2)													
3)													
(4)													
(5)													
(6)													
7)													
(8)													
(9)													
10)													
11)													
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14)													
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16)													
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Supplemental Information Part VII

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).