Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Open to Public

Inter	nai Reve	enue service Information about Form 990 and its instructions is a	it www.irs.gov/it	JIII199U.		inspecti	ion
A	or th	he 2016 calendar year, or tax year beginning 10/01, 2016, as	nd ending			9/30, 20 17	
В.		C Name of organization		D Employer iden	ıtifica	ition number	
	heck if ap	GIRL SCOUTS OF THE UNITED STATES OF AMERICA		13-1624	1016	6	
	Addre						
	Name	e change Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E Telephone nur	nber		
	Initial	oreturn 420 FIFTH AVENUE		(212) 853	2 - 8	000	
	Final r	return/ City or town, state or province, country, and ZIP or foreign postal code					
	Amen	nded NEW YORK, NY 10018		G Gross receipts	\$	290,615,	818
		F Name and address of principal officer: SYT.VTA ACEVEDO		H(a) Is this a grou	p retu	rn for Yes	X N
	, , , , , , , , , , , , , , , , , , ,	420 FIFTH AVENUE NEW YORK, NY 10018		H(b) Are all subordi		ncluded? Yes	N
ī	Тах-ехе	xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No," attac	h a lisi	t. (see instructions)	
J	Websi	ite: WWW.GIRLSCOUTS.ORG		H(c) Group exemp	otion n	umber	
ĸ	Form o	of organization: X Corporation Trust Association Other	L Year of format	ion: 1915 M	State	of legal domicile:	DC
P	art i	Summary					
	1	Briefly describe the organization's mission or most significant activities: GIRL SCO	OUTING BUI	LDS GIRLS	OF	COURAGE,	
ģ		CONFIDENCE, AND CHARACTER, WHO MAKE THE WORLD A BE					
and							
Governance	2	Check this box if the organization discontinued its operations or disposed of	of more than 25%	of its net assets	3.		
8	3	Number of voting members of the governing body (Part VI, line 1a)			3		26.
•වි	4	Number of independent voting members of the governing body (Part VI, line 1b)			4		26.
ties		Total number of individuals employed in calendar year 2016 (Part V, line 2a).			5		458.
Activities &					6	776,0	000.
AC		Total unrelated business revenue from Part VIII, column (C), line 12			7a	2,646,2	283.
		Net unrelated business taxable income from Form 990-T, line 34			7b		0.
				Prior Year		Current Ye	ar
m	8	Contributions and grants (Part VIII, line 1h)		10,409,97	0.	14,382,	286.
Revenue	9	Program service revenue (Part VIII, line 2g)		45,225,51	5.	45,986,	463.
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).		2,554,17	5.	51,787,	218.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		34,223,41	7.	33,054,	366.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		92,413,07	7.	145,210,	333
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,794,36	7.	3,515,	056.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		347,07	0.	339,	469
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).		44,192,87	9.	45,793,	214.
JS L	16 a	Professional fundraising fees (Part IX, column (A), line 11e)		371,28	4.	12,	968
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 3,707,909.					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		50,529,74	3.	51,128,	960.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		98,235,34	3.	100,789,	667
	19	Revenue less expenses. Subtract line 18 from line 12		-5,822,26	6.	44,420,	666.
Assets or			Begin	ning of Current \	/ear	End of Year	r
set	20	Total assets (Part X, line 16)	1	194,790,43	5.	270,479,	470.
AAB	21	Total liabilities (Part X, line 26)		74,367,66	8.	87,192,	640
N.	22	Net assets or fund balances. Subtract line 21 from line 20.	1	20,422,76	7.	183,286,	830
	ert U	Signature Block					
Ur	der per e. corre	enalties of perjury, I declare that I have examined this return, including accompanying schedules rect, and pointplete. Declaration of preparer (other than officer) is based on all information of which	s and statements, a preparer has anv k	and to the best of nowledge.	f my	knowledge and bel	lief, it i
		I (mai (M)					
Sig	nn.	Chill Color		05/0	7/2	018	
He	-	Signature of officer		Date			
		ANGELA DLDEN CFO					
_		Type or print name and title	Dete	1 1	-	DTIN	
Pai	d	Print/Type preparer's name Preparer's Signature	Date	Check	# "	PTIN	_
	parer			self-employ		P0050418:	2
	e Only	Firm's name GRANT THORNTON LLP		Firm's EIN ▶ 3	_		
	_	Firm's address Dana States Avenue 400 PLOOD NEW YORK NV 10017 2012		I Phone no	ファゥ.	_599_0100	

For Paperwork Reduction Act Notice, see the separate instructions.

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

X Yes No Form **990** (2016)

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Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: ATTACHMENT 1
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	EVALUATE GIRL SCOUT PROGRAMS FOR GIRLS, DELIVER ADULT LEARNING
	OPPORTUNITIES, AND PROVIDE THE NATION'S PREMIER 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.
<u></u>	(Code:) (Expenses \$ 31,815,674 including grants of \$ 960,674) (Revenue \$ 18,655,319)
40	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.
	WITH THE MISSION, FOLICIES, AND GOALS OF THE ORGANIZATION.
4c	(Code:) (Expenses \$16,353,484. including grants of \$3,697.) (Revenue \$6,790,347.)
	COMMUNICATIONS: COMMUNICATE KEY MESSAGES ABOUT GIRL SCOUTING THAT
	PROMOTE THE GIRL SCOUT BRAND AND MISSION. DISSEMINATES MARKETING
	AND COMMUNICATIONS TOOLS AND MATERIALS FOR USE BY GIRL SCOUT COUNCILS.
	COUNCILS.
_	
4d	Other program services (Describe in Schedule O.) ATTACHMENT 2
40	(Expenses \$ $_{2,321,737}$ including grants of \$ $_{15,765}$) (Revenue \$ $_{959,694}$) Total program service expenses \blacktriangleright 87,440,946.
	. J.

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Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	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	J		
	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		Х
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		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	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	250		Х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Λ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	235		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M_{\bullet,\bullet,\bullet}$.	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I.	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		v
20	complete Schedule N, Part II	32		X
33		33	х	
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	21	
34	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	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Jou		
	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	- 3		
- •	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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance 169 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 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) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X **b** If "Yes," enter the name of the foreign country: \blacktriangleright $\frac{\text{JAPAN}}{\text{APAN}}$ 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? 5b 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 7с X X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year?............ Sponsoring organizations maintaining donor advised funds. 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 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 Χ 14a Did the organization receive any payments for indoor tanning services during the tax year?

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

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.

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> 26	5		
·u	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 26	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization become aware during the year of a significant diversion of the organizations assets:	6	Х	
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint			
ı a	one or more members of the governing body?	7a	X	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
b	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
0				
_	the year by the following:	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 be reached at			
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	_	<u>ر</u> و	
-	on bit one content biroqueete intermation about peneree hetroquired by the internal revenue	- Cou	Yes	No
100	Did the ergenization have level chanters branches or effiliates?	10a	Х	
	Did the organization have local chapters, branches, or affiliates?	100		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b	Х	
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	124		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	X	
_	rise to conflicts?			
С		12c	X	
40	describe in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	1.7		
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
a	The organization's CEO, Executive Director, or top management official	15b	X	
b	Other officers or key employees of the organization			
400	,			
ıŋa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 3			
17 19	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	2/(2/2	onka
18	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 Schedule O)	301(0	J)(3)S	orlly)
10		orost	nolia	, and
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	holic	, and
20	financial statements available to the public during the tax year.	۵. ۲		
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ა. 🟲		

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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **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.

(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos neck ss pe	rson	on ore than one on is both an ector/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	<u> </u>	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.	Х		Х				0.	0.	0
(2)SHARON HOSKIN MATTHEWS	10.00							0.	0.1	
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	0.	Х		Х				0.	0.	0
(6)JENNY ALONZO	5.00									
BOARD MEMBER	0.	Х						0.	0.	0
(7)JUDITH N. BATTY	5.00									
BOARD MEMBER	0.	Х						0.	0.	0
(8)JEANNE KWONG BICKFORD	5.00									
BOARD MEMBER	0.	Х						0.	0.	0
(9)ANNE CHOW	5.00									
BOARD MEMBER	0.	Х						0.	0.	0
(10)LYNN M GANGONE	5.00									
BOARD MEMBER	0.	Х						0.	0.	0
(11)DINEEN GARCIA	5.00									
BOARD MEMBER	0.	Х						0.	0.	0
(12)MONICA GIL	5.00									
BOARD MEMBER	0.	Х						0.	0.	0
(13)STEVEN GILLILAND	5.00									
BOARD MEMBER	0.	Х						0.	0.	0
(14)JEANMARIE C GRISI	5.00									
BOARD MEMBER	0.	Х						0.	0.	0

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Part VII Section A. Officers, Directors, I	(B)			()			- 5	(D)	(E)	(F)
Name and title	Average hours per week (list any	box,	unles	Posi heck ss pe	ition more	e than o is both or/trust	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other compensation
	hours for related organizations below dotted line)	or director	Institutional trustee	d Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
15) JOHN HOM	5.00									
BOARD MEMBER	0.	X						0.	0.	0.
16) NOORAIN KHAN	5.00									
BOARD MEMBER	0.	Х						0.	0.	0.
17) MINA NGUYEN	5.00									
BOARD MEMBER	0.	Х						0.	0.	0.
18) DEBBIE NIELSON	5.00									
BOARD MEMBER	0.	Х						0.	0.	0 .
19) SUSAN PETERS	5.00									
BOARD MEMBER	0.	Х						0.	0.	0 .
20) NORMA PROVENCIO PICHARDO	5.00									
BOARD MEMBER	0.	Х						0.	0.	0.
21) NANCY REARDON	5.00									
BOARD MEMBER	0.	Х						0.	0.	0 .
22) TROOPER SANDERS	5.00									
BOARD MEMBER	0.	Х						0.	0.	0 .
23) JULIE SYGIEL	5.00									
BOARD MEMBER	0.	Х						0.	0.	0 .
24) CARRI BAKER	5.00									
BOARD MEMBER	0.	Х						0.	0.	0 .
25) SHARON WIBBEN	5.00									
BOARD MEMBER	0.	Х						0.	0.	0
1b Sub-total							<u> </u>	0.	0.	0.
c Total from continuation sheets to Part VII,	Section A		• • •				•	5,005,659.	0.	802,539.
d Total (add lines 1b and 1c)	_						•	5,005,659.	0.	802,539.
2 Total number of individuals (including but no							re		\$100,000 of	<u> </u>
reportable compensation from the organizati		116				-,			+ ,	
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche										Yes No
4 For any individual listed on line 1a, is the organization and related organizations of individual	sum of rep greater than	ortab \$15	ole o 50,0	om	per	sation	n aı	nd other compens	sation from the	4 X
5 Did any person listed on line 1a receive of										

Section B. Independent Contractors

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
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 ▶ 88

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Part VII Section A. Officers, Directors, Tru		y ⊑ 11	ipio			anu r	iigi			·
(A) Name and title	(B) Average hours per week (list any	,		Pos heck	more	e than o		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	office Individual trustee or director	a Institutional trustee	a Officer	Key employee	Highest compensated employee	ee) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
26) LORIA YEADON	5.00	v						0	0	0
BOARD MEMBER	5.00	X						0.	0.	0
27) PRISCILLA ALMODOVAR								0		0
BOARD MEMBER (THRU 12/31/16)	0.	X						0.	0.	0
28) SYLVIA ACEVEDO	35.00			37				250 264		20 027
CEO (AS OF 6/1/17)	0.			Х				259,364.	0.	20,037
29) ANGELA OLDEN	35.00			37				200 205		FO 140
CHIEF FINANCIAL OFFICER	35.00			Х				308,305.	0.	52,148
30) ANTHONY DOYE					3,7			410 050		F4 (F0
CHIEF OPERATING OFFICER	0.				Х			412,259.	0.	54,659
31) JENNIFER ROCHON	35.00				٦,			070 150		E4 16E
GENERAL COUNSEL	0.				Х			278,153.	0.	54,165
32) FLORENCE GODFREY	35.00							016 021		40.026
CHIEF MARKETING & COMM OFFICER	0.				Х			216,931.	0.	48,836
33) JOANNE RENCHER	35.00				٦,			041 704		40.000
CHIEF BUSINESS &TALENT OFFICER	0.				Х			241,704.	0.	40,800
34) BARRY HOROWITZ	35.00							000 400		56 652
CHIEF REVENUE OFFICER	0.				Х			288,488.	0.	56,653
35) NHADINE LEUNG	35.00							020 405		05 200
CHIEF GOVERNANCE OFFICER	0.				Х			238,485.	0.	25,382
36) LISA MARGOSIAN	35.00							001 510		10.600
CHIEF CUSTOMER OFFICER	0.				Х			281,510.	0.	17,672
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A				 	 	* * *			
2 Total number of individuals (including but not reportable compensation from the organization		hose 116		d al	OOV	e) who	o re	ceived more than	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										Yes No
4 For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	50,0	00?	If	"Yes	5, "	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You										5 X

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

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

week (list any hours for related organizations below dotted line) box, unless person is both an officer and a director/trustee) organizations below dotted line) box, unless person is both an officer and a director/trustee) organization with the organizations below dotted line) box unless person is both an officer and a director/trustee) organization with the organization of the organization with the organization with the organization of the organization with the organization with the organization of the organization with the organization with the organization of the organization with the organization with the organization of the organization with the organization with the organization of the organization with the organization with the organization with the organization with the organization of the organization with the organization of the organization with the organization with the organization with the organization of the organization with the organization of the organization with the organization with the organization of the organization with the organization with the organization of the organization with the organization of the organizat			Orientae									
	Average hours per	box,	unles	Posi heck ss pe	ition more	is both	an	Reportable compensation	(E) Reportable compensation from related	am	(F) stimated nount o other	
	hours for related organizations below dotted line)								organizations (W-2/1099-MISC)	fr org an	pensati om the anization d related anization	on d
									_			
					X			333,248.	0.		13,7	700
CHIEF INFORMATION OFFICER	0.				Х			293,340.	0.		27,4	114
CHIEF PHILANTHROPY EXECUTIVE	0.				Х			240,236.	0.		48,7	789
						Х		214,070.	0.		29,0)99
						Х		215,954.	0.	1	.89,2	203
						X		209,613.	0.		49,4	15'
						Х		207,139.	0.		26,5	794
						Х		218,175.	0.		14,2	295
5) ANNA MARIA CHAVEZ							x		0.		33,4	
c Total from continuation sheets to Part VII, So	ection A						> > >					_
2 Total number of individuals (including but not l	imited to t	hose	liste				o re	eceived more than	\$100,000 of			
											Yes	N
										3	X	
4 For any individual listed on line 1a, is the sorganization and related organizations greindividual	eater than	\$15	0,0	00?	lf	"Yes	3,"	complete Schedu	sation from the le J for such	4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on f	ron	n any	un	related organization		5		Σ
Section B. Independent Contractors 1 Complete this table for your five highest com												

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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Part VIII Statement of Revenue

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 9,949 1b Membership dues С Fundraising events d Related organizations 1d 1e 679,355 Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above . | 1f 13,692,982 g Noncash contributions included in lines 1a-1f: \$ _ Total. Add lines 1a-1f 14,382,286 Program Service Revenue **Business Code** 721000 2,598,489 MEETING AND LEARNING EVENTS 4,711,226 2,112,737 2a 624100 36,303,170 36,303,170 MEMBERSHIP DUES h c SOFTWARE MAINTENANCE 518210 4,672,016 4,672,016 d USAGSO COUNCIL SERVICE FEE 900099 128,300 128,300 USAGSO REVENUE SHARE 900099 146,748 146,748 25,003 25,003 All other program service revenue Total. Add lines 2a-2f 45,986,463 Investment income (including dividends, interest, 1,700,112 13,375. 1,686,737. 4 Income from investment of tax-exempt bond proceeds . 0 5 9,077,667. 9,077,667. (ii) Personal (i) Real 6a Gross rents **b** Less: rental expenses c Rental income or (loss) . . d Net rental income or (loss) . _ (i) Securities (ii) Other Gross amount from sales of assets other than inventory 128,877,155. 48,213,200. **b** Less: cost or other basis 121,378,489. 5,624,760. and sales expenses 7,498,666. 42,588,440 c Gain or (loss) 34,419. 50,052,687. 50,087,106. 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 0. **b** Less: direct expenses c Net income or (loss) from gaming activities._...▶ 10a Gross sales of inventory, less returns and allowances 42,250,196 18,402,236 b Less: cost of goods sold b Net income or (loss) from sales of inventory. 23,847,960 23,847,960 Miscellaneous Revenue **Business Code** EMCC SERVICE CHARGES 900099 89,707 89,707. 11a 900099 39,032 MISCELLANEOUS REVENUES 39.032. b С **d** All other revenue 128,739 Total. Add lines 11a-11d Total revenue. See instructions. 145,210,333 2,646,283 60,945,830. 67,235,934 JSA

6E1051 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							
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,306,816.	3,306,816.					
2	Grants and other assistance to domestic individuals. See Part IV, line 22	190,000.	190,000.					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	18,240.	18,240.					
4	Benefits paid to or for members	339,469.	339,469.					
	Compensation of current officers, directors, trustees, and key employees	3,949,264.	2,925,899.	715,144.	308,221.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	372,083.	148,833.	130,229.	93,021.			
7		32,256,394.	28,137,004.	2,850,290.	1,269,100.			
	Other salaries and wages	52,250,551.	20,137,004.	2,030,230.	1,200,100.			
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,634,280. 4,150,310.	2,317,383. 3,734,156.	205,579. 255,660.	111,318. 160,494.			
9	Other employee benefits							
10	Payroll taxes	2,430,883.	2,138,458.	189,702.	102,723.			
11	` ' ' '	175 060	175 060					
	Management	175,862.	175,862.	005 200	21 250			
	Legal	856,945.	600,291.	225,302.	31,352.			
C	Accounting	433,496.	246,121.	150,829.	36,546.			
d	I Lobbying	169,919.	169,919.					
е	Professional fundraising services. See Part IV, line 17.	12,968.			12,968.			
1	f Investment management fees	459,348.		459,348.				
g	Other. (If line 11g amount exceeds 10% of line 25, column							
	(A) amount, list line 11g expenses on Schedule O.)	9,268,100.	8,581,955.	526,517.	159,628.			
12	Advertising and promotion	1,372,693.	1,344,138.	17,276.	11,279.			
13	Office expenses	1,290,644.	1,183,322.	23,453.	83,869.			
14	Information technology	14,957,613.	14,223,129.	9,907.	724,577.			
15	Royalties	0.						
16	Occupancy	5,074,726.	4,033,565.	712,246.	328,915.			
17	Travel	2,603,333.	2,312,652.	180,970.	109,711.			
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			<u> </u>			
19	Conferences, conventions, and meetings	0.						
20		8,545.	7,376.	478.	691.			
	Interest Payments to affiliates	1,237,599.	1,237,599.	1,0.	<u> </u>			
21		7,804,286.	7,438,333.	299,633.	66,320.			
22	Depreciation, depletion, and amortization	686,941.	248,259.	381,011.	57,671.			
23	Insurance	000,511.	210,237.	301,011.	37,071.			
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.)							
		014 072	40.006	064 007				
_	CREDIT CARD PROCESSING FEES	914,873.	49,986.	864,887.	C 056			
	FOOD SERVICES	596,487.	551,572.	38,859.	6,056.			
	PAYROLL SERVICE FEE	261,531.	F10 000	261,531.				
d	COMMISSION EXPENSE	518,298.	518,298.	1 111 222	40.00-			
	All other expenses	2,437,721.	1,251,846.	1,144,889.	40,986.			
	Total functional expenses. Add lines 1 through 24e	100,789,667.	87,440,946.	9,640,812.	3,707,909.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)							
JSA	Tonowing 501 30-2 (MSC 350-720)	0.			F 000 (0040)			

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Balance Sheet Part X

		Check if Schedule O contains a response of	r not	e to any line in this D	art X		
		Officer if Ochedule O Contains a response of	11100				
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			17,616.	1	23,166.
	2	Savings and temporary cash investments			15,019,812.	2	43,556,716.
	3	Pledges and grants receivable, net			3,377,205.	3	7,137,750.
	4	Accounts receivable, net			5,304,942.	4	6,320,434.
	5	Loans and other receivables from current and		-			
		trustees, key employees, and highest co					
					0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified pers	ons (a	s defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B)	, and	contributing employers			
		and sponsoring organizations of section 501(c)(9) voluorganizations (see instructions). Complete Part II of Sche			0.	6	0.
ets	7	Notes and loans receivable, net			0.	7	0.
Assets	8	Inventories for sale or use			6,614,285.	8	6,389,032.
⋖	9	Prepaid expenses and deferred charges			2,002,336.	9	3,223,933.
	_	Land, buildings, and equipment: cost or					
			10a	94,929,668.			
	b	Less: accumulated depreciation	10b	56,417,257.	31,691,532.	10c	38,512,411.
	11	Investments - publicly traded securities			34,366,121.	11	41,378,245.
	12	Investments - other securities. See Part IV, line 11			95,377,909.	12	122,875,050.
	13	Investments - program-related. See Part IV, line 11			0.	13	0.
	14	Intangible assets		Г	0.	14	0.
	15	Other assets. See Part IV, line 11			1,018,677.	15	1,062,733.
	16	Total assets. Add lines 1 through 15 (must equal			194,790,435.	16	270,479,470.
	17	Accounts payable and accrued expenses			12,824,615.	17	16,863,170.
	18	Grants payable			0.	18	0.
	19	Deferred revenue			20,086,954.	19	39,448,724.
	20	Tax-exempt bond liabilities			0.	20	0.
	21	Escrow or custodial account liability. Complete Pa	art IV	of Schedule D	0.	21	0.
es	22	Loans and other payables to current and for	rmer	officers, directors,			
Liabilities		trustees, key employees, highest compen					
jab		disqualified persons. Complete Part II of Schedule				22	0.
_	23	Secured mortgages and notes payable to unrelate			0.		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		' '			
		of Schedule D			41,456,099.	25	30,880,746.
_	26	Total liabilities. Add lines 17 through 25			74,367,668.	26	87,192,640.
S		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	checi	k here ► X and			
ũ	27	Unrestricted net assets			68,612,837.	27	123,220,931.
3ala	28	Temporarily restricted net assets			26,867,450.	28	33,787,811.
Þ	29	Permanently restricted net assets			24,942,480.	29	26,278,088.
Ψ		Organizations that do not follow SFAS 117 (ASC 958)					
ō		complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or equ	iipmei	nt fund		31	
Ť.	32	Retained earnings, endowment, accumulated inco				32	
Š	33	Total net assets or fund balances			120,422,767.	33	183,286,830.
	34	Total liabilities and net assets/fund balances			194,790,435.	34	270,479,470.
							Form 990 (2016)

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Part						
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		45,2		
2	(),					
3	Revenue less expenses. Subtract line 2 from line 1	3		44,4		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		20,4		
5	Net unrealized gains (losses) on investments	5		10,2	43,6	15.
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		8,1	99,7	782.
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	83,2	86,8	30.
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	ı in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	ant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in			
	the Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	_		3b	Х	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Internal Revenue Service

Name of the organization

Employer identification number

~-							10 10040	
		SCOUTS OF THE UNITED				41.1	13-16240	
	rt I	Reason for Public Cha	<u> </u>					•
The	org	anization is not a private fou		,	•	•	•	
1		A church, convention of chu						
2		A school described in secti		•	•		, ,	
3		A hospital or a cooperative						
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed i	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st						
5		An organization operated t	for the benefit of	a college or universit	y owned	d or ope	erated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport 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 agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the	name, city, and state of	the college or
		university:						
10		An organization that norma receipts from activities rela	Ily receives: (1) m	ore than 331/3 % of its	support	from co	ntributions, membersh	nip fees, and gross
		receipts from activities rela support from gross investm	ted to its exempt f	functions - subject to	certain e	xception	is, and (2) no more tha	n 331/3 % of its
		acquired by the organizatio	n after June 30, 19	975. See section 509	(a)(2). (C	Complete	e Part III.)	Dusiliesses
11		An organization organized						
12		An organization organized	and operated exclu	usively for the benefit	of, to pe	erform th	ne functions of, or to o	arry out the purposes
		of one or more publicly su	pported organizati	ons described in sect	ion 509	(a)(1) oi	section 509(a)(2). S	ee section 509(a)(3)
		Check the box in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g
а		Type I. A supporting orga	anization operated	. supervised, or contr	olled by	its supp	orted organization(s).	typically by giving
		the supported organization			-		- · · · · ·	
		supporting organization.	. , .	• • • • • • • • • • • • • • • • • • • •		.,.,,		
b		Type II. A supporting org	-			with its	supported organization	on(s), by having
		control or management of	•					
		organization(s). You must						g
С		Type III functionally integ	-		ited in co	onnectio	n with, and functional	ly integrated with.
	_	its supported organization						.,
d		Type III non-functionally		•				ted organization(s)
		that is not functionally inte			•		• • • • • • • • • • • • • • • • • • • •	• , ,
		requirement (see instruct		•			•	
е		Check this box if the orga	•	-				I Type III
Ĭ	_	functionally integrated, or					* * * * * * * * * * * * * * * * * * * *	., . , po
f	En	ter the number of supported			porting	, gainza		
g		ovide the following information	•					
		lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	•	0		(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	Yes	nent?	instructions)	instructions)
					103			
(A)								
(D)								
(B)								
(0)								
(C)								
(D)								
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Tot	 al							
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,358,972.	9,435,368.	9,860,736.	10,409,970.	14,382,286.	52,447,332.	
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	8,358,972.	9,435,368.	9,860,736.	10,409,970.	14,382,286.	52,447,332.	
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) Public support. Subtract line 5 from line 4.						5,561,075.	
	tion B. Total Support						46,886,257.	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
7	Amounts from line 4	8,358,972.	9,435,368.		10,409,970.	14,382,286.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,000,361.	10,657,841.	9,860,736. 11,671,396.	12,109,783.	10,777,779.	52,447,332.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	48,263.	30,034.	67,671.	229,699.	128,739.	504,406.	
11	Total support. Add lines 7 through 10						108,168,898.	
12	Gross receipts from related activities, etc. (s	see instructions)				12	324,670,859.	
13	First five years. If the Form 990 is forganization, check this box and stop here							
Sec	tion C. Computation of Public Sup	port Percenta	ge					
14	Public support percentage for 2016 (li		•			14	43.35%	
15	Public support percentage from 2015					15	41.95%	
16a	331/3% support test - 2016. If the o	-						
	this box and stop here . The organization	•		•				
b	331/3% support test - 2015. If the c	-						
	check this box and stop here. The orga	•						
17a	10%-facts-and-circumstances test - 2	_						
	10% or more, and if the organization					-	•	
	Part VI how the organization meets t			•	•	• •	upported	
	organization							
b	10%-facts-and-circumstances test - 2	•						
	15 is 10% or more, and if the orga						-	
	Explain in Part VI how the organization				=	-	publicly	
18	supported organization Private foundation. If the organization	did not check a	a box on line 13,	16a, 16b, 17a	, or 17b, check	this box and see		
	instructions	<u> </u>				chadula A (Form 0		

Schedule A (Form 990 or 990-EZ) 2016 Page 3

Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
8	Public support. (Subtract line 7c from						
•	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						,,
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
h	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_							
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						504()(0)
14	First five years. If the Form 990 is f	•			•		
<u> </u>	organization, check this box and stop here						🕨 🔃
	tion C. Computation of Public Sup			(0)		T T	0/
15	Public support percentage for 2016 (line 8					15	%
16	Public support percentage from 2015 Sche					16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 2016 (li					17	%
18	Investment income percentage from 2015					18	%
19 a	331/3% support tests - 2016. If the or	-					. —
	17 is not more than 331/3 %, check th	is box and sto	p here. The org	anization qualifie	s as a publicly	supported organi	ization
b	331/3% support tests - 2015. If the orga						
	line 18 is not more than 331/3 %, check	this box and st	top here. The or	ganization qualifi	es as a publicly	supported organi	ization
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	check this ho	ox and see instr	uctions

Schedule A (Form 990 or 990-EZ) 2016 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 3a 3b 3с 4a 4b 4c 5a 5b 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2016 Page 5

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Part	Supporting Organizations (continued)		\ <u>'</u>	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		\ <u>'</u>	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
	71 11 0 0		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			
	71 11 5 5		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc		
2	Activities Test. Answer (a) and (b) below.		Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2016 Page **6**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explai	n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Section	ns 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		
Ocation D. Minimum Accet 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) 2016

instructions).

 Schedule A (Form 990 or 990-EZ) 2016
 Page 7

Part	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	Section D - Distributions						
1	Amounts paid to supported organizations to accomplish ex	empt purposes					
2	Amounts paid to perform activity that directly furthers exem	npt purposes of support	ed				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo-	ses of supported organiz	ations				
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 2016 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
		(:)	(ii)	(iii)			

;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
C	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
C	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016

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

	•	· · · · · ·		,		
					ATTACHMENT 1	
SCHEDULE A, PART II	- OTHER INCOM	Ε				
DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
			5.006	50 414		56 210
INSURANCE RECOVERY			5,896.	50,414.		56,310.
EMCC SERVICE CHARGES					89,707.	89,707.
MISCELLANEOUS REVENUES	48,263.	30,034.	61,775.	179,285.	39,032.	358,389.
TOTALS	48.263.	30.034	67.671.	229,699.	128,739.	504,406.

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Schedule of Contributors

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

OMB No. 1545-0047

2016

Organization type (check one):						
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 foundation				
		527 political organization				
Form 990	-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	y a section 501(c)(7), (ered by the General Rule or a Special Rule . 8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
General F	Rule					
	-	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a ributions.				
Special R	tules					
X	regulations under secti 13, 16a, or 16b, and th	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line hat received from any one contributor, during the year, total contributions of the greater of (1) e amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year						

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2016)

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 ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$679,355.	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 Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 3,959,835.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$\$82,358.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization GIRL SCOUTS OF THE UNITED STATES OF AMERICA

Employer identification number 13-1624016

Part I	Contributors (See instructions). Use duplicate copi	es of Part I if additional space is n	eeaea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$, 1,466,811.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization GIRL SCOUTS OF THE UNITED STATES OF AMERICA

Employer identification number 13-1624016

Part II	Noncash Property	(See instructions)	. Use duplicate co	pies of Part II if addition	al space is needed.
---------	------------------	--------------------	--------------------	-----------------------------	---------------------

(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
		\$	
(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
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2016) 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 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Complete if the organization is described below. ▶ 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 identification number GIRL SCOUTS OF THE UNITED STATES OF AMERICA 13-1624016 Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities") Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955..... > \$ If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes Nο No b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function

Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2) (3)

activities.....▶\$ Enter the amount of the filing organization's funds contributed to other organizations for section

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

Schedule C (Form 990 or 990-EZ) 2016

(4)

(5)

(6)

Schedule C (Form 990 or 990-EZ) 2016 GIRL S	COULS OF THE UNITED STATES OF AM	ERICA 13-10	DZ4UIO Page Z
Part II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	l filed Form 5768 (elec	tion under
	belongs to an affiliated group (and list in Pa enses, and share of excess lobbying expend		oup member's
B Check ► if the filing organization	checked box A and "limited control" provisi	ions apply.	
	ying Expenditures	(a) Filing	(b) Affiliated
(The term "expenditures" me	eans amounts paid or incurred.)	organization's totals	group totals
1a Total lobbying expenditures to influence	public opinion (grass roots lobbying)	9,007.	
b Total lobbying expenditures to influence	a legislative body (direct lobbying)	160,912.	
c Total lobbying expenditures (add lines 1	a and 1b)	169,919.	
d Other exempt purpose expenditures		100,147,432.	
e Total exempt purpose expenditures (add	d lines 1c and 1d)	100,317,351.	
f Lobbying nontaxable amount. Enter th	e amount from the following table in both		
columns.		1,000,000.	
If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
	5% of line 1f)	250,000.	
	ess, enter -0	0.	0.
	ss, enter -0-	0.	0.
=	on either line 1h or line 1i, did the organiza		
			Yes No
	4-Year Averaging Period Under section 501(h)		
· -	section 501(h) election do not have to compl		ns below.
See	the separate instructions for lines 2a through	2f.)	

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total	
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.	
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.	
c Total lobbying expenditures	238,692.	205,220.	229,727.	169,919.	843,558.	
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.	
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.	
f Grassroots lobbying expenditures				9,007.	9,007.	

Schedule C (Form 990 or 990-EZ) 2016

	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 576	8		Page 3
_		(a	1)		(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amo	unt	
	Emption of the lobbying activity.	103			A1110		
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.						
C	Media advertisements?						
d	Mailings to members, legislators, or the public?						
e	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
j	Total. Add lines 1c through 1i						
z 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	section)		
	501(c)(6).						
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures fro				3		
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,"					2 ic	
	answered "Yes."	OK (I	U) Fa	II L III-A	, iiiie	J, 15	
1	Dues, assessments and similar amounts from members			1			
				•			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).	ants (Ji				
а	Current year			2a			
b	Carryover from last year			2b			
C	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						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo						
	and political expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
	t IV Supplemental Information						
	ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d grou	ıp list	t); Part	II-A, li	nes 1	and
2 (Se	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.						

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 Page **4**

Part IV Supplemental Information (continued)

Schedule C (Form 990 or 990-EZ) 2016

SCHEDULE D (Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Name	e of the organization		Employer identification number
GIF	L SCOUTS OF THE UNITED STATES OF AM	MERICA	13-1624016
Pa	rt I Organizations Maintaining Donor Adv		or Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the	= = = = = = = = = = = = = = = = = = = =	
6	Did the organization inform all grantees, donors, a	<u> </u>	
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		Yes . No
Pa	rt II Conservation Easements.	"\\" F 000 P+ \\ \\ \\ 7	
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the	·,	
	Preservation of land for public use (e.g., rec	· []	n of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution i	Held at the End of the Tax Year
	easement on the last day of the tax year.		
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С.	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (c	•	
_	historic structure listed in the National Register		incted by the aggregation during the
3	Number of conservation easements modified, tran	isterred, released, extinguished, or term	inated by the organization during the
4	tax year ▶ Number of states where property subject to conse	ryation assament is located	
5	Does the organization have a written policy reg		etion handling of
3	violations, and enforcement of the conservation ea		-
6	Staff and volunteer hours devoted to monitoring, inspec		
Ü	Starr and volunteer riodis devoted to morntoning, inspec	and emorning of violations, and emorning co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspec	ting handling of violations and enforcing	conservation easements during the year
•	S	ang, nanamig or violations, and officioning	oonoorvation casemonia during the year
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of		•
	organization's accounting for conservation easeme		
Pa	rt III Organizations Maintaining Collections		er Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar	FAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the fo	ar assets held for public exhibition, ed potnote to its financial statements that de	ucation, or research in furtherance of
b	If the organization elected, as permitted under \$		
J	works of art, historical treasures, or other similar public service, provide the following amounts relati	ar assets held for public exhibition, eding to these items:	ucation, or research in furtherance of
	(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 a	rt, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under S	, ,	
а	Revenue included in Form 990, Part VIII, line 1		
_b	Assets included in Form 990, Part X		▶ \$

Schedule D (Form 990) 2016

chedule D (Form 900) 2016

	rt III Organizations Maintaini	na Collections of	Art Historical T	reasures or Of	har Similar Asso	ts (continued)	_
3	Using the organization's acquisition	_ 					_
3	collection items (check all that app		other records, check	carry or the rollo	willig that are a sign	illicant use of it	3
2	X Public exhibition	ny).	d Loan o	or exchange progra	ame		
a b	Scholarly research		e Other	or exchange progra	aiiis		
		rations	e Other				-
C			and avalain how t	hay further the a	ranization'a avemn	t nurnaga in Da	r4
4	Provide a description of the orga	nizations collections	and explain now i	ney further the o	rganization's exemp	t purpose in Pa	IL
_	XIII.			: 1 4			
5							
Do			ained as part of the d	organization's colle	ction?	Yes X N	<u>o</u>
Par	rt IV Escrow and Custodial A		" on Form 000 D	ort IV line O or r	anartad an amaun	t on Form	
	Complete if the organiza 990, Part X, line 21.	uon answered Tes	5 On Form 990, P	art iv, line 9, or i	eponed an amoun	t on Form	
				(.9			_
1 а	Is the organization an agent, trust					¬., ¬.,	
	included on Form 990, Part X?					Yes N	0
b	If "Yes," explain the arrangement	in Part XIII and comp	plete the following tab	ole:			—
	5			_	Amount		—
C	Beginning balance						_
d	Additions during the year						_
е	Distributions during the year						_
f	Ending balance			<u> 1f </u>			_
2a	9						0
	If "Yes," explain the arrangement	in Part XIII. Check he	ere if the explanation	has been provided	on Part XIII		_
Par		C	" - F 000 B				
	Complete if the organiza				T	T	_
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years bac	
1 a	Beginning of year balance	130,538,000.	128,583,000.			121,665,00	
b	Contributions	17,962,000.	1,635,000.	1,353,000	968,000.	1,113,00	0
С	Net investment earnings, gains,						
	and losses	18,815,000.	11,033,000.	-2,487,000.		14,401,00	
d	Grants or scholarships	1,257,000.	690,000.	555,000	716,000.	718,00	10
	Other expenditures for facilities						
	and programs	3,451,000.	10,023,000.	8,246,000	1,320,000.	8,808,00	10
f	Administrative expenses						
q	End of year balance	162,607,000.	130,538,000.	128,583,000.	138,518,000.	127,653,00	0
2	Provide the estimated percentage	of the current year	end balance (line 1g,	column (a)) held a	s:		
а	Board designated or quasi-endowr	nent ▶ <u>70.5100</u>	_%	(//			
b	Permanent endowment ▶ 16.	0100 %					
С	Temporarily restricted endowment	▶ 13.4800 %					
	The percentages on lines 2a, 2b,	and 2c should equal	100%.				
3a	Are there endowment funds not in	the possession of th	ne organization that	are held and adm	inistered for the		
	organization by:					Yes No	0_
	(i) unrelated organizations					3a(i) 2	ζ
	(ii) related organizations					3a(ii) 2	ζ_
b	If "Yes" on line 3a(ii), are the relat	ed organizations liste	d as required on Sch	edule R?		3b	
4	Describe in Part XIII the intended	uses of the organiza	tion's endowment fur	nds.			_
Par	t VI Land, Buildings, and Equ	ipment.					_
	Complete if the organiza						_
	Description of property	(a) Cost or (invest			ccumulated (expreciation	d) Book value	
1 a	Land			377,059.		377,059	-
b	Buildings				136,006.	5,713,117	
С	Leasehold improvements				099,868.	495,309	
d	Equipment				902,184.	2,432,399	
е	Other				279,200.	29,494,527	
	al. Add lines 1a through 1e. (Column	n (d) must equal Form				38,512,411	_
		, ,	, , , , , , , , , , , , , , , , , , , ,	. //	<u> </u>	. ,	_

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016			Page 3
Part VII Investments - Other Securities.		D . N . II	
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	: value
(1) Financial derivatives		, , , , , , , , , , , , , , , , , , , ,	
(2) Closely-held equity interests			
(3) Other			
(A) PRIVATE EQUITY FUND	8,813,228.	FMV	
(B) PRIVATE BOND FUND	7,935,222.	FMV	
(C) COMMON COLLECTIVE TRUST	84,046,280.	FMV	
(D) HEDGE FUND	18,084,331.	FMV	
(E) REAL ESTATE	3,995,989.	FMV	
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	122,875,050.		
Part VIII Investments - Program Related.			
Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, P	art X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(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	l "Yes" on Form 990	, Part IV, line 11d. See Form 990, P	
	scription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	ino 4F \		
Total. (Column (b) must equal Form 990, Part X, col. (B) In	ine 15.)		
Part X Other Liabilities. Complete if the organization answered	l "Voe" on Form 990	Part IV line 11e or 11f See Form	000 Part Y
line 25.	1 165 0111 01111 990	, Faitiv, line Tie of Til. See Follin	990, Fait A,
1. (a) Description of liability	(b) Book valu		
(1) Federal income taxes	(b) Book valu		
(2) FUNDS HELD IN TRUST	641,	097	
(3) ACCRUED PENSION LIABILITY	30,239,6		
(4)	30,230,0		
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990 Part X col. (B) line 25.)	30.880.	746.	

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

X

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Schedule D (Form 990) 2016 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	165,049,183.
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		2e	20,816,496.
e	Add lines 2a through 2d	3	144,232,687.
3 4	Subtract line 2e from line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 459, 348.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	977,646.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	145,210,333.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	
1	Total expenses and losses per audited financial statements	1	102,185,120.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Thor year adjustments	-	
c d	Other losses	-	
u e	Add lines 2a through 2d	2e	2,373,099.
3	Subtract line 2e from line 1	3	99,812,021.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 459, 348.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	977,646.
5 Port	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	100,789,667.
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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5		

Schedule D (Form 990) 2016

Part XIII Supplemental Information (continued)

FORM 990 SCHEDULE D, PART III, LINE 4

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

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

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

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

ALL TO SUPPORT THE ORGANIZATION'S MISSION TO "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

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

Schedule D (Form 990) 2016

Part XIII Supplemental Information (continued)

LACE/EN.HTML.

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

THE 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

Part XIII Supplemental Information (continued)

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 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.

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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 AND CONSTRUCTION IN PROGRESS.

FORM 990, SCHEDULE D, PART X, LINE 2

FIN 48 FOOTNOTE

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

Page 5

Part XIII Supplemental Information (continued)

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

RECONCILIATION OF OTHER

PENSION RELATED GAINS \$ 10,293,092

PENSION COSTS OTHER THAN SERVICE COSTS -\$2,146,305

CHANGE IN VALUE OF DEFERRED GIFTS \$25,261

CHANGE IN VALUE OF CHARITABLE GIFT ANNUITY \$32,220

FOREIGN CURRENCY FORWARD LOSS -\$4,486

TOTAL \$8,199,782

FORM 990 PART XI AND XII LINE 4B

COMMISSION EXPENSE ON ROYALTIES \$518,298

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

➤ Attach to Form 990.

OMB No. 1545-0047 2016 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

GIRL SCOUTS OF THE UNITED STATES OF AMERICA 13-1624016 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b.

	For grantmakers. Does the orga assistance, the grantees' eligibility grants or assistance?	ty for the grant	s or assistance	e, and the selection criteri	a used to award the	X Yes No
2	For grantmakers. Describe in assistance outside the United Sta	-	ganization's pı	rocedures for monitoring	the use of its grants a	and other
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	ace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1)	EUROPE		7.	PROGRAM SERVICES	SEE PART V	716,235.
(2)	EAST ASIA AND THE PACIFIC		3.	PROGRAM SERVICES	SEE PART V	397,367.
(3)	CENTRAL AMERICA/CARIBBEAN		2.	PROGRAM SERVICES	SEE PART V	25,643.
(4)	CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		19,732,654.
(5)	SOUTH AMERICA			GRANTMAKING	SEE PART V	8,240.
(6)	SOUTH ASIA			GRANTMAKING	SEE PART V	5,000.
(7)	CENTRAL AMERICA/CARIBBEAN			GRANTMAKING	SEE PART V	5,000.
(8)						
(9)						
10)						
11)						
12)						
13)						
14)						
15)						
16)						
17)						
	Sub-total		12.			20,890,139.
	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)		12.			20.890.139.

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

3-1024010

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, othe
(1)			SOUTH AMERICA	RECRUITMENT	8,240.	WIRE			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 En	nter total number of recipien								
by	the IRS, or for which the granter total number of other or	antee or counsel has pro	vided a section 501(c)(3) equivalency letter			•		1.

1021010

Schedule F (Form 990) 2016

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 Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of (h) Method of (f) Amount of (g) Description valuation (book, FMV, recipients cash grant cash noncash of noncash disbursement assistance assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)(13) (14)(15)(16)(17) (18)

Schedule F (Form 990) 2016

Part IV Foreign Forms

ult	1 oreign 1 orms				
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

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Part V **Supplemental Information**

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

FORM 990, SCHEDULE F, PART 1, LINE 3, COLUMN C OFFICERS, EMPLOYEES, OR AGENTS OUTSIDE THE U.S.

GIRL SCOUTS OF THE UNITED STATES OF AMERICA HAS 12 EMPLOYEES LOCATED OUTSIDE THE UNITED STATES SERVING DEPENDENT MILITARY FAMILIES. 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) 2016

Page 5

Part V Supplem

Supplemental Information

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

FORM 990, SCHEDULE F, PART II, LINE 1

PURPOSE OF GRANT- ENHANCING GIRL SCOUTS CAPACITY FOR RECRUITMENT AND

RETENTION FOR GIRLS TO PARTICIPATE IN GIRL SCOUTING.

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

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Name of the organization						Employer identific	ation number
GIRL SCOUTS OF THE UNITED STATES	OF AMERIC	A				13-162401	L6
Part I General Information on Grants an	nd Assistanc	е				'	
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proce 	nts or assistand	e?					X Yes No
Part II Grants and Other Assistance to I 990, Part IV, line 21, for any recip							es" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GSC OF TROPICAL FLORIDA							
11347 SW 160 ST MIAMI,FL 33624	59-0651087	501 (C) 3	65,983.				PROGRAM FULFILLMENT
(2) GS OF ALASKA							
3911 TURNAGAIN BLVD E ANCHORAGE,AK 99517	92-6000179	501 (C) 3	26,782.				PROGRAM FULFILLMENT
(3) GS OF BLACK DIAMOND COUNCIL							
321 VIRGINIA ST. W, CHARLESTON, WV 25302	55-0420373	501 (C) 3	6,014.				PROGRAM FULFILLMENT
(4) CARIBE G.S.C.							
500 CALLE ELISA COLBERG SAN JUAN, PR 00907	66-0200470	501 (C) 3	200,857.				PROGRAM FULFILLMENT
(5) GS DAKOTA HORIZONS							
1101 SOUTH MARION RD SIOUX FALLS,SD 57106	46-0250744	501 (C) 3	6,900.				PROGRAM FULFILLMENT
(6) GS HEART OF CENTRAL CALIFORNIA							
6601 ELVAS AVE SACRAMENTO, CA 95819	94-1582429	501 (C) 3	16,869.				PROGRAM FULFILLMENT
(7) GS OF COLORADO							
3801 SOUTH FLORIDA AVE, DENVER, CO 80210	84-0410630	501 (C) 3	7,485.				PROGRAM FULFILLMENT
(8) GS HEART OF PENNSYLVANIA							
350 HALE AVE HARRISBURG, PA 17104	24-0795960	501 (C) 3	10,458.				PROGRAM FULFILLMENT
(9) GS OF THE GREEN & WHITE MOUNTAINS							
1 COMMERCE DR BEDFORD,NH 03110	02-0243160	501 (C) 3	20,611.				PROGRAM FULFILLMENT
(10) GS OF EASTERN MASSACHUSETTS							
420 BOYLSTON ST SUITE 505 BOSTON, MA 02116	04-2703281	501 (C) 3	250,432.				PROGRAM FULFILLMENT
(11) GS OF EASTERN MISSOURI							
2300 BALL DR ST. LOUIS,MO 63146	43-0662471	501 (C) 3	15,592.				PROGRAM FULFILLMENT
(12) GS OF MAINE							
138 GANNETT DR SOUTH PORTLAND, ME 04106	01-0269802	501 (C) 3	18,765.				PROGRAM FULFILLMENT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ble		. •	
3 Enter total number of other organizations lis	sted in the line	1 table					

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

Schedule I (Form 990) (2016)

JSA 6E1288 1.000

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

OMB No. 1545-0047
2016

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.

Name of the organization						Employer identific	cation number
GIRL SCOUTS OF THE UNITED STATES	OF AMERIC	A				13-16240	16
Part I General Information on Grants an	d Assistanc	е				-	
 Does the organization maintain records to see the selection criteria used to award the grant and the process. Describe in Part IV the organization's process. 	ts or assistand dures for mor	ce? nitoring the use	of grant funds in th	e United States.			X Yes No
Part II Grants and Other Assistance to I 990, Part IV, line 21, for any recip							es" on Form
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GIRL SCOUTS OF SOUTHEASTERN NEW ENGLAND 500 GREENWICH AVE WARWICK,RI 02886	05-0300724	501 (C) 3	8,097.				PROGRAM FULFILLMENT
(2) GS OF CONNECTICUT							
340 WASHINGTON ST HARTFORD, CT 06106 (3) COLONIAL COAST GS COUNCIL	06-0646756	501 (C) 3	15,760.				PROGRAM FULFILLMENT
912 CEDAR RD CHESAPEAKE, VA 23322	54-1158412	501 (C) 3	6,568.				PROGRAM FULFILLMENT
(4) GIRL SCOUTS OF THE COMMONWEALTH OF VIRGINIA							
4900 AUGUSTA AVENUE RICHMOND, VA 23230	54-0534506	501 (C) 3	5,848.				PROGRAM FULFILLMENT
(5) GREATER NY GIRL SCOUT COUNCIL							
40 WALL ST NEW YORK,NY 10005	13-1624014	501 (C) 3	141,425.				PROGRAM FULFILLMENT
(6) GIRL SCOUTS OF GREATER SOUTH TEXAS							
202 E MADISON AVE HARLINGEN,TX 78550	74-1256499	501 (C) 3	19,871.				PROGRAM FULFILLMENT
(7) GS OF NEW MEXICO TRAILS							
4000 JEFFERSON PLAZA ALBUQUERQUE,NM 87109	85-6011246	501 (C) 3	6,046.				PROGRAM FULFILLMENT
(8) GS HEART OF THE HUDSON							
2 GREAT OAK LN PLEASANTVILLE,NY 10570	13-2985898	501 (C) 3	73,701.				PROGRAM FULFILLMENT
(9) GS OF OHIO'S HEARTLAND COUNCIL							
1700 WATERMARK DR COLUMBUS, OH 43215	31-4379475	501 (C) 3	5,751.				PROGRAM FULFILLMENT
(10) GS HEART OF NEW JERSEY							
120 VALLEY RD MONTCLAIR,NJ 07042	22-1638950	501 (C) 3	18,602.				PROGRAM FULFILLMENT
(11) GS OF NORTHERN NEW JERSEY			, , , , , , , , , , , , , , , , , , , ,				
95 NEWARK POMPTON TPKE RIVERDALE, NJ 07457	22-1928958	501 (C) 3	18,093.				PROGRAM FULFILLMENT
(12) GS OF EASTERN PENNSYLVANIA			10,000.				
330 MANOR RD MIQUON,PA 19444	23-1352309	501 (C) 3	60,098.				PROGRAM FULFILLMENT
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations lis	•	•	sted in the line 1 tal	ble			

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

Schedule I (Form 990) (2016)

JSA 6E1288 1.000

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

2016

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

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

Employer identification number Name of the organization 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. 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 (if applicable) grant cash assistance noncash assistance or assistance or government (1) ORANGE COUNTY GS COUNCIL 23-7395094 |501 (C) 3 9500 TOLEDO WAY IRVINE, CA 92618 29,051 PROGRAM FULFILLMENT (2) GS OF WESTERN PENNSYLVANIA 30 ISABELLA ST PITTSBURGH, PA 15212 25-1126094 501 (C) 3 108,599 PROGRAM FULFILLMENT (3) GS OF WESTERN OHIO 4930 CORNELL RD CINCINNATI, OH 45242 31-0679091 501 (C) 3 72.132. PROGRAM FULFILLMENT (4) GS OF NORTH EAST OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 44056 34-0726094 501 (C) 3 34,212 (5) GREATER CHICAGO AND NORTHWEST INDIANA 20 SOUTH CLARK ST CHICAGO, IL 60030 36-3871241 501 (C) 3 114,036 PROGRAM FULFILLMENT (6) GS OF EASTERN IOWA & WESTERN ILLINOIS 940 GOLDEN VALLEY DRIVEBETTENDORF, IA 52722 42-1008848 501 (C) 3 38,119 PROGRAM FULFILLMENT (7) GS OF SOUTHERN ILLINOIS 37-0811488 501 (C) 3 #4 GINGER CREEK PKY GLEN CARBON, IL 62034 16,052 PROGRAM FILLFILLMENT (8) GS OF MICHIGAN SHORE TO SHORE 3275 WALKER AVE NW GRAND RAPIDS,MI 49544 38-1366924 501 (C) 3 13,930 PROGRAM FULFILLMENT (9) GS OF THE WISCONSIN SOUTHEAST 131 SOUTH 69 ST MILWAUKEE, WI 53214 39-0892833 501 (C) 3 18,384 PROGRAM FULFILLMENT (10) GS OF MINNESOTA AND WISCONSIN RIVER 41-0877820 501 (C) 3 12,579 400 SOUTH ROBERT ST ST. PAUL, MN 55107 PROGRAM FULFILLMENT (11) GS NE KANSAS & NW MISSOURI 43-0892926 501 (C) 3 8383 BLUE PKY DR KANSAS CITY, MO 64133 5,006 PROGRAM FULFILLMENT (12) GIRL SCOUTS OF CENTRAL MARYLAND 4806 SETON DR BALTIMORE, MD 21215 52-0780207 501 (C) 3 PROGRAM FULFILLMENT 2 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) (2016)

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

2016

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

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

Name of the organization						Employer identific	ation number
GIRL SCOUTS OF THE UNITED STATES	OF AMERICA	A				13-162401	L6
Part I General Information on Grants an	d Assistanc	е				•	
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proce 	ts or assistand	e?					X Yes No
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recip		_			ed if additional space		es" on Form
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NATIONS CAPITAL GS COUNCIL							
4301 CONNECTICUT AVE WASHINGTON, DC 20008	54-0732966	501 (C) 3	119,472.				PROGRAM FULFILLMENT
(2) GS HORNETS NEST COUNCIL	31 0/32300	301 (0) 3	113,172.				THOOMAN TODE TEENING
7007 IDLEWILD RD CHARLOTTE, NC 28212	56-0563842	501 (C) 3	14,052.				PROGRAM FULFILLMENT
(3) GS OF NORTH CENTRAL ALABAMA			,				
105 HEATHERBROOKE PARK BIRMINGHAM, AL 35242	63-0288834	501 (C) 3	6,116.				PROGRAM FULFILLMENT
(4) GS CAROLINAS PEAKS TO PIEDMONT, INC.							
8818 W MARKET ST COLFAX,NC 27235	56-0577629	501 (C) 3	5,415.				PROGRAM FULFILLMENT
(5) GS OF NORTHWESTERN GREAT LAKES							
4693 NORTH LYNNDALE DRIVEAPPLETON, WI 54913	39-1016314	501 (C) 3	22,337.				PROGRAM FULFILLMENT
(6) GS OF NORTH CAROLINA COASTAL PINES							
6901 PINECREST RD RALEIGH,NC 27613	56-0791500	501 (C) 3	5,277.				PROGRAM FULFILLMENT
(7) GS OF SOUTHEASTERN MICHIGAN							
3011 WEST GRAND BLVD DETROIT,MI 48202	38-1359207	501 (C) 3	24,575.				PROGRAM FULFILLMENT
(8) SOUTH CAROLINA-MOUNTAINS TO MIDLANDS							
FIVE INDEPENDENCE PT GREENVILLE, SC 29615	57-0314433	501 (C) 3	16,349.				PROGRAM FULFILLMENT
(9) GS OF GREATER ATLANTA							
5601 NORTH ALLEN RD MABLETON, GA 30126	58-0566190	501 (C) 3	88,841.				PROGRAM FULFILLMENT
(10) GS OF WEST CENTRAL FLORIDA							
4610 EISENHOWER BLVD TAMPA,FL 33634	59-0624454	501 (C) 3	25,109.				PROGRAM FULFILLMENT
(11) GIRL SCOUTS OF THE FLORIDA PANHANDLE							
1515 ST. ANDREWS BLVD PANAMA CITY,FL 32405	59-0760209	501 (C) 3	7,294.				PROGRAM FULFILLMENT
(12) GS DIAMONDS OF ARKANS, OKLAH & TEXAS							
11311 ARCADE DR LITTLE ROCK,AR 72212	71-0309373	501 (C) 3	8,764.				PROGRAM FULFILLMENT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ble			
3 Enter total number of other organizations lis	ted in the line	1 table					

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

Schedule I (Form 990) (2016)

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

2016

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

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

Name of the organization						Employer identific	ation number
GIRL SCOUTS OF THE UNITED STATES	OF AMERIC	A				13-16240	16
Part I General Information on Grants an	d Assistanc	е					
 Does the organization maintain records to see the selection criteria used to award the grant of the process. Describe in Part IV the organization's process. 	ts or assistand	ce?					X Yes No
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recip							es" on Form
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GS OF WESTERN OKLAHOMA, INC.							
6100 N ROBINSON AVE OKLAHOMA CITY,OK 73118	73-0677849	501 (C) 3	35,788.				PROGRAM FULFILLMEN
(2) GS OF CENTRAL TEXAS							
12012 PARK 35 CIR AUSTIN,TX 78753	74-1109644	501 (C) 3	9,401.				PROGRAM FULFILLMENT
(3) GS OF MINNESOTA & WISCO LAKES & PINES							
400 2ND AVE SOUTH WAITE PARK,MN 56387	41-0877820	501 (C) 3	8,664.				PROGRAM FULFILLMENT
(4) GS OF MISSOURI HEARTLAND							
210 SOUTH INGRAM MILL SPRINGFIELD, MO 65802	44-0594943	501 (C) 3	19,644.				PROGRAM FULFILLMENT
(5) GS OF LOUISIANA PINES TO THE GULF							
1720 KALISTE SALOOM RD LAFAYETTE, LA 70508	72-0488660	501 (C) 3	7,129.				PROGRAM FULFILLMENT
(6) GIRL SCOUTS OF SAN JACINTO COUNCIL							
3110 SOUTHWEST FREEWAY HOUSTON, TX 77098	74-6001254	501 (C) 3	147,424.				PROGRAM FULFILLMENT
(7) GIRL SCOUTS OF SOUTHERN ARIZONA							
4300 EAST BROADWAY BLVD TUCSON, AZ 85711	86-0008917	501 (C) 3	17,914.				PROGRAM FULFILLMENT
(8) GS OF SOUTHWEST TEXAS							
811 N COKER LOOP RD SAN ANTONIO,TX 78216	74-1109759	501 (C) 3	5,675.				PROGRAM FULFILLMENT
(9) GIRL SCOUTS OF NORTHEAST TEXAS							
6001 SUMMERSIDE DR DALLAS,TX 75252	75-1101571	501 (C) 3	85,125.				PROGRAM FULFILLMENT
(10) THE TETON SCIENCE SCHOOL							
700 COYOTE CANYON RD JACKSON, WY 83001	83-0219163	501 (C) 3	7,200.				PROGRAM FULFILLMENT
(11) ARIZONA CACTUS PINE GSC							
119 E CORONADO RD PHOENIX,AZ 85004	86-0133397	501 (C) 3	38,835.				PROGRAM FULFILLMENT
(12) GIRL SCOUTS OF SOUTHERN NEVADA, INC							
2941 HARRIS AVE LAS VEGAS,NV 89101	88-0060273	501 (C) 3	62,297.				PROGRAM FULFILLMEN
2 Enter total number of section 501(c)(3) and	•	•	•	ble			
3 Enter total number of other organizations lis	•	•		_			

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

Schedule I (Form 990) (2016)

JSA 6E1288 1.000

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

2016

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

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

Name of the organization						Employer identific	cation number
GIRL SCOUTS OF THE UNITED STATES	S OF AMERICA	A				13-16240	16
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 	rants or assistand	e?					X Yes No
Part II Grants and Other Assistance to 990, Part IV, line 21, for any red							es" on Form
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GS OF WESTERN WASHINGTON							
5601 6TH AVE SOUTH SEATTLE, WA 98109	91-6060940	501 (C) 3	10,382.				PROGRAM FULFILLMEN
(2) GS OF CENTRAL & WESTERN MASSACHUSETTS							
301 KELLY WAY HOLYOKE,MA 01040	04-2317694	501 (C) 3	52,157.				PROGRAM FULFILLMEN
(3) GS OF OREGON & SW WASHINGTON INC.							
9620 SW BARBUR BLVD PORTLAND, OR 97219	93-0399051	501 (C) 3	11,202.				PROGRAM FULFILLMEN
(4) GS OF NORTHERN CALIFORNIA							
1650 HARBOR BAY PKY ALAMEDA,CA 94502	94-1551410	501 (C) 3	66,788.				PROGRAM FULFILLMENT
(5) GS OF CALIFORNIA'S CENTRAL COAST							
1500 PALMA DR VENTURA,CA 93003	94-1567162	501 (C) 3	85,484.				PROGRAM FULFILLMENT
(6) GS OF GREATER LOS ANGELES							
801 S GRAND AVE LOS ANGELES, CA 90017	95-1644033	501 (C) 3	154,124.				PROGRAM FULFILLMENT
(7) GS SAN DIEGO-IMPERIAL COUNCIL							
1231 UPAS ST SAN DIEGO,CA 92103	95-1644585	501 (C) 3	24,575.				PROGRAM FULFILLMENT
(8) SIERRA NEVADA GSC							
605 WASHINGTON ST RENO, NV 89503	88-0060580	501 (C) 3	7,153.				PROGRAM FULFILLMEN
(9) GS-SPIRIT OF NEBRASKA							
2121 SOUTH 44TH ST OMAHA, NE 68105	47-0432299	501 (C) 3	10,257.				PROGRAM FULFILLMENT
(10) GS OF CENTRAL CALIFORNIA SOUTH							
1377 W SHAW AVE FRESNO,CA 93711	95-1766795	501 (C) 3	11,553.				PROGRAM FULFILLMENT
(11) GIRL SCOUTS SAN GORGONIO COUNCIL							
1751 PLUM LN REDLANDS,CA 92374	95-1967727	501 (C) 3	21,495.				PROGRAM FULFILLMENT
12) GIRL SCOUTS OF UTAH							
445 EAST 4500 SOUTH MURRAY,UT 84107	87-0221612	501 (C) 3	15,438.				PROGRAM FULFILLMEN
2 Enter total number of section 501(c)(3) a		•	sted in the line 1 tal	ble			
3 Enter total number of other organizations	listed in the line	1 table					

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

Schedule I (Form 990) (2016)

JSA 6E1288 1.000

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

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

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number

GIRL SCOUTS OF THE UNITED STATE						13-162401	.6
Part I General Information on Grants							
Does the organization maintain records the selection criteria used to award the gDescribe in Part IV the organization's pro	grants or assistanc	e?					X Yes No
Part II Grants and Other Assistance to 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 noncash assistance	(h) Purpose of grant or assistance
(1) GS OF WISCONSIN-BADGERLAND							
2710 SKI LANE MADISON,WI 53713	39-0806331	501 (C) 3	9,577.				PROGRAM FULFILLMENT
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) a	•	•					73.
3 Enter total number of other organizations						<u> </u>	

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

Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 2017 ALCOA CHUCK MCLANE SCHOLARSHIP	4.	20,000.			
2 2017 KAPPA DELTA FOUNDATION SCHOLARSHIP	10.	50,000.			
3 2017 SUSAN BUTLER SCHOLARSHIP	10.	100,000.			
4 2017 JANET HARRIS SCHOLARSHIP	10.	5,000.			
5 2017 SHERRY HARMON SCHOLARSHIP	10.	5,000.			
6 2016 SUSAN BUTLER SCHOLARSHIP	10.	10,000.			
7					

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

FORM 990, SCHEDULE I, PART 1, LINE 2

THE ORGANIZATION MONITORS GRANTS AND SCHOLARSHIPS BY REVIEWING PROGRESS

REPORTS FOR GRANTS AND SCHOLARSHIPS. ADDITIONALLY, FINANCIAL STAFF

REVIEWS ALL EXPENSES SUBMITTED FOR REIMBURSEMENT FOR ALL GRANTS AND

SCHOLARSHIPS TO ENSURE COMPLIANCE WITH GSUSA POLICIES AND PROCEDURES.

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**

Department of the Treasury Internal Revenue Service Name of the organization

GIRL SCOUTS OF THE UNITED STATES OF AMERICA

Inspection Employer identification number

13-1624016

Part	Questions Regarding Compensation			
			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 Travel for companions X Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
2	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		X
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line		X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X	2	X	
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		X
6	If "Yes" on line 5a or 5b, describe in Part III. 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	Х	
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 nonfixed 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" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
SYLVIA ACEVEDO	(i)	243,504.	0.	15,860.	12,128.	7,909.	279,401.	0.
1 ^{CEO} (AS OF 6/1/17)	(ii)	0.	0.	0.	0.	0.	0.	0.
ANNA MARIA CHAVEZ	(i)	230,599.	0.	318,086.	13,533.	19,903.	582,121.	22,670.
2 FORMER CEO (THRU 6/14/2016)	(ii)	0.	0.	0.	0.	0.	0.	0.
ANGELA OLDEN	(i)	307,531.	0.	774.	14,368.	37,780.	360,453.	0.
3CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
ANTHONY DOYE	(i)	316,940.	0.	95,319.	14,575.	40,084.	466,918.	15,000.
4CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
JENNIFER ROCHON	(i)	259,714.	0.	18,439.	8,336.	45,829.	332,318.	0.
5 ^{GENERAL} COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
FLORENCE GODFREY	(i)	216,447.	0.	484.	11,227.	37,609.	265,767.	0.
6 ^{CHIEF MARKETING & COMM OFFICER}	(ii)	0.	0.	0.	0.	0.	0.	0.
JOANNE RENCHER	(i)	241,175.	0.	529.	12,062.	28,738.	282,504.	0.
7CHIEF BUSINESS &TALENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
BARRY HOROWITZ	(i)	284,743.	0.	3,745.	25,374.	31,279.	345,141.	0.
8 ^{CHIEF} REVENUE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
NHADINE LEUNG	(i)	238,144.	0.	341.	13,162.	12,220.	263,867.	0.
9CHIEF GOVERNANCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
LISA MARGOSIAN	(i)	281,510.	0.	0.	14,342.	3,330.	299,182.	0.
10 ^{CHIEF} CUSTOMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
NATALYE PAQUIN	(i)	301,248.	0.	32,000.	11,862.	1,838.	346,948.	0.
11 ^{CHIEF} TRANSFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
AMY BERKOWITZ	(i)	291,662.	1,000.	678.	11,863.	15,551.	320,754.	0.
12 ^{CHIEF} INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
ELENA PAK	(i)	240,003.	0.	233.	13,647.	35,142.	289,025.	0.
13 ^{CHIEF PHILANTHROPY EXECUTIVE}	(ii)	0.	0.	0.	0.	0.	0.	0.
KERRY CONNOLLY	(i)	210,929.	0.	3,141.	11,506.	17,593.	243,169.	0.
14 VP COUNCIL CONSULTING	(ii)	0.	0.	0.	0.	0.	0.	0.
CLAIRE FERRARIN	(i)	213,827.	0.	2,127.	160,093.	29,110.	405,157.	0.
15 ^{SENIOR} HUMAN RESOURCES BUSINES	(ii)	0.	0.	0.	0.	0.	0.	0.
SARAH ANGEL-JOHNSON	(i)	209,411.	0.	202.	10,907.	38,550.	259,070.	0.
16 ^{BUSINESS} DEVELOPMENT EXECUTIVE	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

		(B) Breakdown 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
SOFINA QURESHI	(i)	196,337.	10,000.	802.	10,862.	15,932.	233,933.	0.
1STRATEGY & FINANCE EXECUTIVE	(ii)	0.	0.	0.	0.	0.	0.	0.
CHRISTINE BUTLER	(i)	212,761.	5,000.	414.	11,014.	3,281.	232,470.	0.
2 ^{VP} MARKETING & COMMUNICATION	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
44	(i) (ii)							
14								
45	(i) (ii)							
15								
40	(i) (ii)							
16	(11)							

Part | Supplemental Information

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

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

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

RELOCATION ASSISTANCE WAS PROVIDED TO THE CHIEF TRANSFORMATION OFFICER FOR GSUSA. TEMPORARY LIVING ACCOMODATIONS OF \$32,000 FOR UP TO 9 MONTHS ARE REPORTED AS TAXABLE INCOME IN PART II, COLUMN B(III).

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

EXECUTIVE TEAM INCENTIVE COMPENSATION IS BASED ON OPERATIONAL AND PROGRAM

PERFORMANCE TARGETS, WHICH INCLUDE REVENUE AND OTHER METRICS AS APPROVED

BY THE EXECUTIVE DEVELOPMENT AND COMPENSATION COMMITTEE (EDCC).

Schedule J (Form 990) 2016

Part | Supplemental Information

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

CERTAIN NON-EXECUTIVE TEAM MEMBERS RECEIVED DISCRETIONARY BONUSES. THE DISCRETIONARY BONUS AWARDS ARE ISSUED AS SPECIAL RECOGNITION AND REWARD FOR EXCEPTIONAL PERFORMANCE, SIGNIFICANT CONTRIBUTIONS, SUBSTANTIAL ACCOMPLISHMENTS, ALL DEMONSTRATED BY EPIC BEHAVIORS. THE EXECUTIVE TEAM MEMBERS SUBMIT THEIR RECOMMENDATIONS, BASED ON ESTABLISHED CRITERIA IN THE PLAN, TO THE CHIEF BUSINESS AND TALENT OFFICE WHO PRESENTS TO THE CEO FOR FINAL APPROVAL.

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

THE FORMER 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 FY2016 WHEN THE CEO LEFT THE ORGANIZATION. A DISTRIBUTION OF \$22,670 WAS PAID IN CALENDAR YEAR 2016 AND PRESENTED IN PART II, COLUMN B(III) AND COLUMN F AS IT WAS REPORTED AS DEFERRED COMPENSATION IN A PRIOR YEAR. NO FURTHER PAYMENTS TO BE

Part | Supplemental Information

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

MADE.

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

ANNA MARIA CHAVEZ - RETENTION BONUS PAYMENT \$22,670

ANNA MARIA CHAVEZ - SEVERANCE \$215,417

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

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

APPLICABLE TAXES), THE GROSSED UP AMOUNT BEING \$78,211

NATALYE PAQUIN - LIVING ALLOWANCE - \$32,000

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

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

Employer identification number

GIR	L SCOUTS OF THE UNITED ST	rates of	AMERICA		13-	1624016			
Par	Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported contribution Form 990, Part VIII, lir	on ြ	Method of oncash cont			
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household								
	goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC,								
	or trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation								
	contribution - Historic								
	structures								
14	Qualified conservation								
	contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24 25	Archeological artifacts Other ▶(FURNITURE)	X	1.	125,0	00 E	AIR MARK	Т. т.д.	7 Z\ T .T T	F
25 26	Other ►()	21	± •	123,0	00. 17.	AII MAKK		/ALU1	
27	Other ►(
28	Other ►(
29	Number of Forms 8283 received	hy the ora	anization during the tax v	ear for contributions	for				
23	which the organization completed F		•		I	9			
	e u.e e.ga <u>-</u> ae eep.e.eea .	0200,	,	,				Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I	, lines 1	through			
	28, that it must hold for at least the					-			
	to be used for exempt purposes for	the entire h	olding period?				30a		X
b	If "Yes," describe the arrangement i	n Part II.							
31	Does the organization have a		tance policy that require	es the review of a	any nor	nstandard			
	contributions?	-			-		31	Х	
32a	Does the organization hire or use	e third parti	ies or related organization	s to solicit, process,	or sell	noncash			
	contributions?		_	-			32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which colun	nn (a) is	checked,			
	describe in Part II.								

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

Schedule M (Form 990) (2016)

Part II Supplement

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

Schedule M (Form 990) (2016)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2016

Open to Public Inspection

13-1624016

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number

FORM 990, PART I, LINE 6

GIRL SCOUTS OF THE UNITED STATES OF AMERICA

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 II, LINE 4D

INTERNATIONAL: PROVIDES OPPORTUNITIES FOR GIRLS TO ENGAGE IN

CROSS-CULTURAL EXPERIENCES AND GLOBAL EDUCATION PROGRAMMING, INCLUDING

THE DEVELOPMENT AND MANAGEMENT OF 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 CONSIST OF THE MEMBERS OF THE NATIONAL COUNCIL COUNCIL OF GIRL SCOUTS OF THE USA. THE MEMBERSHIP OF THE NATIONAL COUNCIL INCLUDES: A. DELEGATES ELECTED BY GIRL SCOUT COUNCIL 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 COUNCILS. 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.

V 16-7.17

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

13-1624016

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

FORM 990, PART VI, SECTION C, LINE 19

DISCLOSURES

THE ORGANIZATION PROVIDES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS UPON REQUEST. ADDITIONALLY, OUR AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE TO THE GENERAL PUBLIC VIA OUR WEBSITE.

Schedule O (Form 990 or 990-EZ) 2016 Page 2

Name of the organization

GIRL SCOUTS OF THE UNITED STATES OF AMERICA

13-1624016

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PENSION RELATED GAIN OTHER THAN NET PERIODIC PENSION COST \$10,293,092

NET PERIODIC PENSION COST -\$2,146,305

CHANGE IN VALUE OF DEFERRED GIFTS \$ 25,261

CHANGE IN VALUE OF CHARITABLE GIFT ANNUITY \$32,220

FOREIGN CURRENCY FORWARD LOSS -\$4,486

TOTAL \$8,199,782

ATTACHMENT 1

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

ORGANIZATION'S MISSION

GIRL SCOUTS OF THE UNITED STATES OF AMERICA ("GSUSA"), HEADQUARTERED IN NEW YORK CITY, IS A NATIONAL NONPROFIT ORGANIZATION WITH THE MISSION TO BUILD GIRLS OF COURAGE, CONFIDENCE, AND CHARACTER WHO MAKE THE WORLD A BETTER PLACE. FORMED IN 1912 IN SAVANNAH, GEORGIA, GSUSA IS NOW IN ITS SECOND CENTURY OF SERVING GIRLS, WITH MORE THAN 2.6 MILLION ADULT AND GIRL MEMBERS AND 50 MILLION ALUMNAE.

GSUSA PUTS GIRLS FIRST, WITH THE UNDERSTANDING THAT WHEN GIRLS
SUCCEED SO DOES SOCIETY. GSUSA BELIEVES THAT GIRLS LEARN BEST THROUGH
HANDS-ON ACTIVITIES IN A SAFE, POSITIVE ENVIRONMENT; THAT ADULT
PARTICIPATION AND MENTORSHIP ARE CRUCIAL TO THE STRENGTH AND CAPACITY
OF THE GIRL SCOUT MOVEMENT; AND THAT SERVICE TO THE COMMUNITY IS A
CORE HUMAN VIRTUE.

GSUSA IS COMMITTED TO SUPPORTING DIVERSITY ACROSS THE MOVEMENT AND

Schedule O (Form 990 or 990-EZ) 2016 Page 2

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

Employer identification number

13-1624016 ATTACHMENT 1 (CONT'D)

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

THE COMMUNITIES IT SERVES. GSUSA IS GOVERNED IN ACCORDANCE WITH 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. GSUSA PROVIDES SERVICES TO ITS

CHARTERED COUNCILS. IN PROVIDING THESE SERVICES, GSUSA IS EXEMPT FROM

FEDERAL INCOME TAX IN ACCORDANCE WITH SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE.

FORM 990, PART III, LINE 4D - OTHER PROGRAM	SERVICES	ATTACHMENT 2	
DESCRIPTION	GRANTS	EXPENSES	REVENUE
INTERNATIONAL	15,765.	2,321,737.	959,694.
TOTALS	15,765.	2,321,737.	959,694.

Schedule O (Form 990 or 990-EZ) 2016 Page **2**

Name of the organization

GIRL SCOUTS OF THE UNITED STATES OF AMERICA

13-1624016

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,

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

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
GILBANE BUIDING CO. 7 JACKSON WALKWAY PROVIDENCE, RI 02903	CONSTRUCTION	6,557,093.
SALESFORCE ORG FDN P.O. BOX 39000 SAN FRANCISCO, CA 94139-0001	TECHNICAL SERVICES	2,970,736.
ACCENTURE LLC 800 N. GELEBE ROAD ARLINGTON, VA 22203	IT DEVELOPMENT	2,078,021.
ROUNDCORNER, INC. 2075 ALLSTON WAY SUITE 202 BERKELY, CA 94704	IT DEVELOPMENT	2,046,434.
RANDSTAD TECHNOLOGIES P.O. BOX 847872 DALLAS. TX 75284	IT DEVELOPMENT	1,477,982.

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047
2016
Open to Public
Inspection

Name of the organization

GIRL SCOUTS OF THE UNITED STATES OF AMERICA

13-1624016

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) Legal domicile (state (e) End-of-year assets Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income Direct controlling or foreign country) entity (1) NEW YORK GIRL SCOUTS, INC. (NOMINEE) 420 FIFTH AVENUE NEW YORK, NY 10018 REAL PROP HOL 17,368,000. **GSUSA** (2) (3) (4) (5) (6)

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	rolled
						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) 2016

JSA

Schedule R (Form 990) 2016

Identification of Relation because it had one or						nswered "Yes"	on Form	990, Part IV,	line 34
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(i)

(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)	income (related, unrelated, excluded from tax under sections 512-514) income year assets allocations? amount in box 20 of Schedule K-1 (Form 1065)		Disproportionate allocations? Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		Gene man	ij) eral or aging tner?	(k) Percentage ownership	
		oounity)		,			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)(controll entity	olled
								Yes N	10
(1) GIRL SCOUTS OF THE USA TRUST 30-6349021									
400 HOWARD STREET SAN FRANCISCO, CA 94105	GRANTOR TRUST	NY	GSUSA	TRUST	742,444.	32,749,506.	100.0000	Х	
(2)									
(3)									
(4)									
(5)									
(6)									_
	7								
(7)									_
<u> </u>	1								

JSA 6E1308 1.000 Schedule R (Form 990) 2016

9895NA 700J 5/7/2018

Schedule R (Fo	rm 990) 2016	Page
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

Not	te: 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 related organizations listed 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		X
е	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		Х
h	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		X
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s).	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
0	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses		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		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three	sholo	ls.	
	(a) (b) (c)	(d)		
	Name of related organization Transaction Amount involved Method	of det	erminir	ng

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>				
(2)				
<u>(3)</u>				
<u>(4)</u>				
<u>(5)</u>				
(6)				

JSA 6E1309 1.000

9895NA 700J 5/7/2018

Schedule R (Form 990) 2016

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	501 organiz		(f) Share of total income	(g) Share of end-of-year assets	Disprop alloc	(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ner?	(k) Percentag ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
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10)													
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Part VII Supplemental Information

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