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. Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	e 2017 calendar year, or tax year beginning OC	Г 1, 2017 and	ending S	EP 30, 2018				
В	Check if	C Name of organization			D Employer i	dentific	ation number		
	Addre	ss GIRL SCOUTS OF WESTERN WASHINGTON							
Ē	Name chang				9	1-6060	940		
F	Initial return	Number and street (or P.O. box if mail is not delive	vered to street address)	Room/suite	E Telephone	number			
F	Final return		· ·	150	1	06-633	-5600		
	termir ated	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross receipts	\$	29,216,606.		
	Amen return		J 1		H(a) Is this a g	roup ref			
	Application	F Name and address of principal officer: MEGAN	FERLAND		for subore				
	pendi	SAME AS C ABOVE			H(b) Are all subor	dinates inc	cluded? Yes No		
$\overline{\Gamma}$	Tax-ex	empt status: X 501(c)(3) 501(c) ()	(insert no.)	or 527	1		ist. (see instructions)		
J	Websi	te: NWW.GIRLSCOUTSWW.ORG			H(c) Group ex	emption	number -		
K	orm of	organization: X Corporation Trust Ass	ociation Other	∟ Year	of formation: 196	55 M	State of legal domicile: WA		
P	art I	Summary							
Φ	1	Briefly describe the organization's mission or most	significant activities: GIRL S	COUTING E	BUILDS GIRLS	OF			
Governance		COURAGE, CONFIDENCE AND CHARACTER WHO	MAKE THE WORLD A BETTE	R PLACE.					
ern	2	Check this box 🕨 📖 if the organization discon	tinued its operations or dispo	sed of more	than 25% of its	s net ass	sets.		
Š		Number of voting members of the governing body (19		
<u>«</u>		Number of independent voting members of the gov					19		
ies		Total number of individuals employed in calendar ye					363		
Activities		Total number of volunteers (estimate if necessary) .					13420		
Acı		Total unrelated business revenue from Part VIII, col					0.		
	b	Net unrelated business taxable income from Form 9	990-T, line 34	·····		. 7b	4,400.		
				<u> </u>	Prior Year 1,219	200	Current Year 1,567,527.		
ne			Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)						
Revenue					1,617		1,775,644.		
Re		Investment income (Part VIII, column (A), lines 3, 4,	4,026	_	294,678.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			16,407		16,902,372.		
	$\overline{}$	Total revenue - add lines 8 through 11 (must equal			23,270		20,540,221.		
		Grants and similar amounts paid (Part IX, column (A				,500.	3,500.		
	l	Benefits paid to or for members (Part IX, column (A) Salaries, other compensation, employee benefits (F			10,696	- '	11,913,766.		
Expenses	15	Professional fundraising fees (Part IX, column (A), li				,144.	75,300.		
pen	h	Total fundraising expenses (Part IX, column (D), line				, = = = -	75,500.		
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d,			9,576	037.	10,665,116.		
		Total expenses. Add lines 13-17 (must equal Part I)			20,299		22,657,682.		
		Revenue less expenses. Subtract line 18 from line			2,971		-2,117,461.		
or	1	The second control of	<u> </u>	Ве	ginning of Curren		End of Year		
ets	20	Total assets (Part X, line 16)			25,410		25,720,714.		
ASS	21	Total liabilities (Part X, line 26)			4,441	,492.	6,480,489.		
Net Assets or Find Balances	22	Net assets or fund balances. Subtract line 21 from	ine 20		20,968	,627.	19,240,225.		
P	art II	Signature Block							
Und	ler pena	lities of perjury, I declare that I have examined this return, i	ncluding accompanying schedule	es and statem	ents, and to the be	est of my	knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than office) is based on all information of w	hich preparer	has any knowled	ge.			
Sig	n	Signature of officer			Date				
He	re	MEGAN FERLAND, CHIEF EXECUTIVE OFF Type or print name and title	'ICER						
_		Print/Type preparer's name	Preparer's signature	1	Date	Check	PTIN		
Pai	d	''' '	ATHRYN J. OKIMOTO	0	7/09/19	f self-employed	 j ₽00746598		
Pre	parer	Firm's name CLARK NUBER, PS	Firm's I		91-1194016				
	Only	Firm's address 10900 NE 4TH STREET, SUIT	E 1400						
	-	BELLEVUE, WA 98004			Phone	no.425-	454-4919		
Ma	v the II	RS discuss this return with the preparer shown above	/e? (see instructions)		L		X Yes No		

Form	990 (2017) GIRL SCOUTS OF WESTERN WASHINGTON	91-6060940	Page 2
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
•	GIRL SCOUTS OF WESTERN WASHINGTON'S MISSION IS TO BUILD GIRLS OF		
	COURAGE, CONFIDENCE AND CHARACTER WHO MAKE THE WORLD A BETTER PLACE.		
	GIRL SCOUTS ALLOWS GIRLS TO DISCOVER THEIR OWN STYLE OF LEADERSHIP BY		
	GIVING THEM ACCESS TO LIFE-CHANGING EXPERIENCES THAT INSPIRE THEM TO		
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, a	as measured by expense	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	hers, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 18,962,713. including grants of \$ 3,500.) (Reve	enue \$ 18,64	0,607.)
	GIRL SCOUTS OF WESTERN WASHINGTON ("GSWW") IS THE LARGEST LEADERSHIP		
	ORGANIZATION FOR GIRLS IN THE STATE OF WASHINGTON. IN FISCAL YEAR		
	ENDING SEPTEMBER 2018, 24,931 GIRLS IN GRADES K-12 FROM 17 COUNTIES		
	PARTICIPATED IN GIRL PROGRAMMING SUPPORTED BY 13,420 ADULT VOLUNTEERS		
	,		
	AND MEMBERS. IN ADDITION, GIRL SCOUTS OF WESTERN WASHINGTON WAIVED GIRL		
	SCOUT EVENT FEES IN THE AMOUNT OF \$458,586.		
	THE MISSION OF THE GIRL SCOUTS OF WESTERN WASHINGTON IS TO BUILD GIRLS		
	OF COURAGE, CONFIDENCE AND CHARACTER WHO MAKE THE WORLD A BETTER PLACE.		
	THE DIVERSITY INITIATIVE AIMS TO ENSURE THAT OUR STAFF, GIRLS AND ADULT		
	VOLUNTEERS REFLECT THE DIVERSITY OF OUR REGION'S COMMUNITIES AND LIVE		
	UP TO OUR VISION TO EMPOWER EVERY GIRL, REGARDLESS OF RACE, ETHNICITY,		
4b	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$)
4c	(Code:) (Expenses \$) (Reve	enue \$)
40	(Code		
4:	Otherways and in a (Describe in Orleady)		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 18,962,713.		

Form 990 (2017) GIRL SCOUTS OF WEST Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	, , , , ,	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			
40	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	4.0		_ v
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		Х
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ''-		\vdash
10	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,"		<u> </u>	
	complete Schedule G, Part III	19		х
	1 -1 -2 -1			

Form **990** (2017)

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Form 990 (2017) GIRL SCOUTS OF WESTERN WASH Part IV Checklist of Required Schedules (continued)

			Yes	NO
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
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		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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 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		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			.,
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		.,
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			.,
05-	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		_ v
27	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	27		х
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
38	Note. All Form 990 filers are required to complete Schedule O	38	х	
	Note: All Form 330 liters are required to complete ourieduie O	30		

91-6060940

Part V	St	aten	nent	s l	Rega	rding	Other	IRS	Filings	and	Ta	x C	ompliance	e
	~ .		~ .											

a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		Check if Schedule O Contains a response or note to any line in this Fart v					Ш
be Enter the number of Forms W.2G included in line 1a. Enter O-1 if not applicable 10 0 0 0 0 0 0 0 0				1		Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) without without several payments and the payments of the calendar year ending with or within the year covered by this return. 2a Enter the number of employees reported on Form W/3. Transmittal of Wige and Tax Statements, lided for the calendar year ending with or within the year covered by this return. 3 In the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of 51,000 or more during the year? 3 Did the organization have unrelated business gross income of 51,000 or more during the year? 3 Did the formation of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 Did any taxable party notify the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 5 See In 'Yes,' to line be or 50, did the organization in the form 86861? 5 Us as the organization and party to a prohibited tax whether transaction at any time during the tax year? 5 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 Does the organization has a minual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c). 8 Did the organization include with every solicitation an expose statement that such contributions or grifts were not tax deductible? 9 Organization state as payment in excess of \$75 made parity sa a contribution and party for goods and services provided to the payor? 10 If the organization receive and party than did necessity, to pay premiums on a personal benefit			-	84			
(agambling) winnings to prize winners? Ear Inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. Field for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1 and 28 is greater than 250, you may be required to e-five einstructions) 3a Dot the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Y-we's, his at field a Form 900-1 for this year If I'-No. * for ine 3b, provide an explanation in Schedule 0 3c If Y-we's, a field a Form 900-1 for this year If I'-No. * for ine 3b, provide an explanation in Schedule 0 3c If Y-we's, a field a Form 900-1 for this year If I'-No. * for ine 3b, provide an explanation in Schedule 0 3c If Y-we's, a field a Form 900-1 for this year If I'-No. * for ine 3b, provide an explanation in Schedule 0 3c If Y-we's, a field a Form 900-1 for this year If I'-No. * for ine 3b and * in the Schedule 0 3c If Y-we's, a field a Form 900-1 for this year If Fore 900-1 for interest I for interest				0			
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 filed for the calendar year ending with or within the year covered by this return of the calendar year ending with or within the year covered by this return of the calendar year ending with or within the year of the calendar year ending the calendar year of the calendar year of the calendar year of the organization have underted business gross income of \$1,000 or more during the year? 3a I with the calendar year of the organization have an explanation in Schedule O 3b X 4 1 any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; in oreign country (such as a bank account, securities account, or other financial account; or origin country.) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organizations a party to a prohibited tax shefter transaction at any time during the tax year? 5b If Yes, to line Sa or Sb, did the organization file Form 8888-17 6c I reves, to line Sa or Sb, did the organization file Form 8888-17 6d Does the organization have or or tax deductible as charitable contributions? 6d Does the organization have an unall gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6d Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c). 8b United Statement of the organization file form 88882? 7c Organization selle, exchange, or otherwise dispose of langible personal property for which it was re	С					v	
field for the calendar year ending with or within the year covered by this return 1	0-		 I	I	10	Λ	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business pross income of \$1,000 or more during the year? 3a X 3b 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 calend year, did the organization have unrelated an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account()? 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If 'Yes,' to line 5a or 5b, did the organization hat it was or is a party to a prohibited tax shelter transaction? 5c If 'Yes,' to line 5a or 5b, did the organization file form 8886-T? 6c If 'Yes,' to line 5a or 5b, did the organization file form 8886-T? 6a Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a Did the organization neceive a payment in excess of \$75 made party as a contribution of party for goods and services provided to the payor? 7b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7c If If the organization seleve a payment in excess of \$75 made party as a contribution of qualification receive a contribution of qualification federal party for which it was required to file Form 8282? 7c If the organization seleve a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7 7a Sponsoring organization have excess business holdings at any time	Za		0-	363			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 30. Did the organization have unrelated business gross income of \$1,000 more during the year? 41. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly over, a financial account in a foreign country. 4a. X bit 'Yes,' enter the name of the foreign country. 5b. If 'Yes,' enter the name of the foreign country. 5c. See instructions for filing requirements for FinCEN Form 1114, Report of Foreign Bank and Financial Accounts (FBAR). 5b. Was the organization apprived that shelter transaction at any time during the tax year? 5c. See instructions for filing requirements for FinCEN Form 1114, Report of Foreign Bank and Financial Accounts (FBAR). 5c. Was the organization have party to a prohibited tax shelter transaction? 5c. See instructions for filing requirements for FinCEN Form 1114, Report of Foreign Bank and Financial Accounts (FBAR). 5c. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the are not tax deductible. 6c. By If 'Yes,' did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7c. Programment of the organization include with every solicitation an express statement that such contributions or greater of the value of the goods or services provided? 7c. Programment of the organization on notify the donor of the value of the goods or services provided? 7c. Did the organization r	h				Oh	Y	
3a	D				20	Λ	
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c Enter the amount of reserves on hand	b			ı			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14a X 14b 14b			-				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			13c				
							X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	е O			000	(0047)

Form 990 (2017) GIRL SCOUTS OF WESTERN WASHINGTON 91-6060940 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		00p0.	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 1a1	9		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1	9		
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 supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
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 have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l	l	
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		Λ
000	tion B. I oncies (mis Section B requests information about policies not required by the internal nevertue code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	Ioa		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	116		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed WA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain in Schedule O)	-1 C	_: .	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	a tinan	cial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ELAINE MORSE - 206-267-1847			
	5601 6TH AVE S, SUITE 150, SEATTLE, WA 98108			
	,,, 1144			

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

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

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

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

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

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

(A)	(D)	T		14				(D)	/E\	(C)
(A)	(B)				C) sition	1		(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated amount of
	hours per week		, unle cer ar					compensation from	compensation from related	other
	(list any	tor						the	organizations	compensation
	hours for	or director				pa		organization	(W-2/1099-MISC)	from the
	related	stee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	altrus	onal tr		loyee	comp				and related
	below	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MAE NUMATA	line)	트	Ĕ	동	<u>\$</u>	ij.e	훈			
(1) MAE NUMATA BOARD PRESIDENT	10.00	X		х				0.	0.	0.
(2) RAY BLAKENEY	5,00	Α_	\vdash	^	\vdash	┢	\vdash	0.	0.	0.
1ST VICE CHAIR	3.00	x		Х				0.	0.	0.
(3) JACKIE DEVICH	5.00	123	\vdash	1	\vdash	\vdash	\vdash	· ·	• •	••
2ND VICE CHAIR	3.00	x		x				0.	0.	0.
(4) CARLA CORKERN	5.00		\vdash	 	\vdash	\vdash	\vdash			•
BOARD SECRETARY		x		х				0.	0.	0.
(5) RANDA MINKARAH	5.00		\vdash							
BOARD TREASURER		х		х				0.	0.	0.
(6) CATHERINE GELBAND	5.00									
BOARD MEMBER		х						0.	0.	0.
(7) ERIN JONES	5.00									
BOARD MEMBER		Х						0.	0.	0.
(8) CYNTHIA LANNERS	5.00									
BOARD MEMBER		Х						0.	0.	0.
(9) ERIN MCCALLUM	5.00									
BOARD MEMBER		Х						0.	0.	0.
(10) GEETA MCCORMICK	5.00									
BOARD MEMBER		Х						0.	0.	0.
(11) ANN MECKLENBURG	5.00									
BOARD MEMBER		Х						0.	0.	0.
(12) PATTI MEYERS	5.00	1								
BOARD MEMBER THRU 02/18		Х			$oxed{oxed}$	$oxed{oxed}$		0.	0.	0.
(13) BETH RUTHERFORD	2.00	1								
BOARD MEMBER		Х			$oxed{oxed}$	$oxed{oxed}$		0.	0.	0.
(14) CAROL WHEELER	5.00	1								
BOARD MEMBER		Х	<u> </u>		<u> </u>			0.	0.	0.
(15) NANCY WITTENBERG	5.00	1_								
BOARD MEMBER THRU 02/18	 	Х	_	\vdash	<u> </u>	_	_	0.	0.	0.
(16) ANN ARDIZZONE	5.00	ļ							_	_
BOARD MEMBER		Х	\vdash	\vdash	\vdash	\vdash	\vdash	0.	0.	0.
(17) TRACY GARRETT	2.00	 							_	_
BOARD MEMBER THRU 01/18		Х						0.	0.	0. Form 990 (2017)

732007 11-28-17 Form **990** (2017)

Form 990 (2017) GIRL SCO	UTS OF WESTERN	WAS	HTM	G.I.O.	IN				91-6060940	Page o	
Part VII Section A. Officers, Directors	s, Trustees, Key Em	ploy	ees/	, an	d Hi	ighe	st C	ompensated Employe	es (continued)		
(A)	(B)			((C)			(D)	(E)	(F)	
Name and title	Average hours per week	box	not c	ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(18) HEIDI OB'BAYI	5.00										
BOARD MEMBER		х						0.	0.	0.	
(19) CASEY ZANETTI	5.00										
BOARD MEMBER		х						0.	0.	0.	
(20) BILL FISHBURN	5.00										
BOARD MEMBER		Х						0.	0.	0.	
(21) REBECCA CAMDEN	5.00										
BOARD MEMBER THRU 10/17		Х						0.	0.	0.	
(22) ERIN DIMOPOULOS	5.00										
BOARD MEMBER THRU 05/18		х						0.	0.	0.	
(23) TRACIE WINBIGLER	5.00										
BOARD MEMBER		х						0.	0.	0.	
(24) NAOMI OGAN	4.00										
BOARD MEMBER		х						0.	0.	0.	
(25) LAURA CLINTON	5.00										
BOARD MEMBER THRU 01/18		х						0.	0.	0.	
(26) MEGAN FERLAND	60.00										
CHIEF EXECUTIVE OFFICER				Х				295,941.	0.	1,042.	
1b Sub-total								295,941.	0.	1,042.	
c Total from continuation sheets to F	Part VII, Section A							503,388.	0.	27,223.	
d Total (add lines 1b and 1c)		<u></u>		<u></u>	<u></u>	<u>.</u>		799,329.	0.	28,265.	
2 Total number of individuals (including	but not limited to th	nose	liste	ed al	bov	e) wl	no re	eceived more than \$100	0,000 of reportable		

compensation from the organization

Yes No 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person ...

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
ENETICS NETWORKS, LLC		
4616 25TH AVE, NE #137, SEATTLE, WA 98105	TECHNOLOGY SERVICES	302,477.
TASTEBUDS FOOD SERVICES, INC		
7080 SR 84, DAVIE, FL 33317	CATERING	160,000.

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

Form 990 GIRL SCOUTS									91-606094	0		
Part VII Section A. Officers, Directors, Tr		mple	oyee			ligh	est					
(A)	(B)				C)			(D)	(E)	(F)		
Name and title	Average				sition			Reportable	Reportable	Estimated		
	hours	(c	hecl	k all	that	app	ly)	compensation	compensation	amount of		
	per					a.		from	from related	other		
	week (list any	Ď				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the		
	hours for	direct				d em		(W-2/1099-MISC)	(***2/1099*****130)	organization		
	related	ee or	stee			nsate		(** 2, 1000 111100)		and related		
	organizations	Individual trustee or director	Institutional trustee		o yee	Highest compensated employee				organizations		
	below	/idua	tutior	Je.	Key employee	est c	Je.					
	line)	lndi	Insti	Officer	Key	High	Former					
(27) ELAINE MORSE	50.00											
CHIEF FINANCIAL & ADMIN. OFFICER		1		Х				137,893.	0.	8,18		
(28) JAMES LAUGEN	45.00											
CHIEF FUND DEV. & STRATEGY OFFICER				Х				151,685.	0.	8,04		
(29) LEEANN STIVERS	50.00											
CHIEF INFORMATION OFFICER		L	\mathbb{L}_{-}	х	L	L	L	113,385.	0.	2,84		
(30) SAMANTHA FRANKLIN	50.00											
/P OF FINANCE & ADMIN		L		L	L	Х	L	100,425.	0.	8,15		
		┖										
		╙	_									
	1	\vdash	_		_							
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	+	\vdash	+	\vdash	\vdash	\vdash	\vdash	+				
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	+	\vdash	\vdash	\vdash	\vdash	\vdash	\vdash					
		1										
	+	\vdash	\vdash	\vdash	\vdash	\vdash	\vdash					
		1										
	1	_	1	_		_	_	<u> </u>				
otal to Part VII, Section A, line 1c								503,388.		27,22		
									ı	,		

Form 990 (2017) GIRL SCOUTS
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a	14,475.				
irar oun		Membership dues						
S, G	С	Fundraising events		453,186.				
ar /		Related organizations						
imil		Government grants (contribut		167,404.				
rion		All other contributions, gifts, gran	· —					
the later		similar amounts not included above		932,462.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	······	98,063.				
a C		Total. Add lines 1a-1f			1,567,527.			
\neg				Business Code				
e l	2 a	RES & TROOP CAMP FEES		900099	1,627,580.	1,627,580.		
ه چَ	b	CAMP RENTAL		900099	126,189.	126,189.		
Program Service Revenue	С	GIRL EVENTS-TRAINING		900099	21,875.	21,875.		
eve	d							
og B	е							
<u>~</u>	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			1,775,644.			
	3	Investment income (including						
		other similar amounts)			262,643.			262,643.
	4	Income from investment of tax						
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	2,701,248.	,				
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)	32,035.					
		Net gain or (loss)			32,035.			32,035.
an		Gross income from fundraising						
		including \$ 453	,186. of					
Other Reven		contributions reported on line	1c). See					
P.		Part IV, line 18	a	143,912.				
Ě	b	Less: direct expenses	b	226,551.				
	С	Net income or (loss) from fund	draising events		-82,639.			-82,639.
	9 a	Gross income from gaming ac						
		Part IV, line 19	a	9,425.				
	b	Less: direct expenses	b	5,490.				
	С	Net income or (loss) from gam	ning activities		3,935.			3,935.
	10 a	Gross sales of inventory, less						
		and allowances	a	22,410,236.				
	b	Less: cost of goods sold	b	5,775,131.				
ļ	С	Net income or (loss) from sale	s of inventory	1	16,635,105.	16,635,105.		
ļ		Miscellaneous Revenu	е	Business Code				
		TROOP FUNDS		900099	229,858.	229,858.		
		INSURANCE SETTLEMENT		900099	45,536.			45,536.
	_	PENSION RELIEF		900099	16,175.			16,175.
		All other revenue		900099	54,402.			54,402.
				····· 🕨	345,971.			
	12	Total revenue. See instructions.			20,540,221.	18,640,607.	0 .	332,087.

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, 8b, 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						
2	Grants and other assistance to domestic						
	individuals. See Part IV, line 22	3,500.	3,500.				
3	Grants and other assistance to foreign						
	organizations, foreign governments, and foreign						
	individuals. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors,						
	trustees, and key employees	746,857.	275,296.	280,561.	191,000.		
6	Compensation not included above, to disqualified						
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)						
7	Other salaries and wages	8,543,003.	7,283,879.	939,615.	319,509.		
8	Pension plan accruals and contributions (include						
	section 401(k) and 403(b) employer contributions)	79,094.		79,094.			
9	Other employee benefits	1,735,953.	1,485,960.	192,779.	57,214.		
10	Payroll taxes	808,859.	624,516.	145,724.	38,619.		
11	Fees for services (non-employees):						
а	Management						
	Legal	15,337.		15,337.			
	Accounting	51,158.		51,158.			
	Lobbying						
	Professional fundraising services. See Part IV, line 17	75,300.			75,300.		
f	Investment management fees	54,786.		54,786.			
g	Other. (If line 11g amount exceeds 10% of line 25,						
	column (A) amount, list line 11g expenses on Sch O.)	1,053,888.	412,085.	542,562.	99,241.		
12	Advertising and promotion	94,639.	94,639.				
13	Office expenses	236,081.	193,586.	28,330.	14,165.		
14	Information technology	476,398.	390,646.	57,168.	28,584.		
15	Royalties						
16	Occupancy	1,139,390.	1,117,055.	15,659.	6,676.		
17	Travel	389,853.	357,743.	24,827.	7,283.		
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	90,386.	67,585.	16,591.	6,210.		
20	Interest	204,089.	93,430.	110,659.			
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	1,029,118.	895,332.	102,912.	30,874.		
23	Insurance	273,683.	186,074.	87,290.	319.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)						
а	TROOP PROGRAMS	3,474,297.	3,474,297.				
b	COST OF REWARDS	756,674.	756,674.				
С	PROGRAM SUPPLIES CAMP	743,487.	743,487.				
d	UBI TAX	1,071.		1,071.			
е	All other expenses	580,781.	506,929.	69,217.	4,635.		
25	Total functional expenses. Add lines 1 through 24e	22,657,682.	18,962,713.	2,815,340.	879,629.		
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)						
	0 11 00 17				Earm 990 (2017)		

Form 990 (2017)

Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			153,390.	1	845,310.
	2	Savings and temporary cash investments			1,843,760.	2	229,281.
	3	Pledges and grants receivable, net			64,103.	3	74,379.
	4	Accounts receivable, net			89,826.	4	121,464.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section	า 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L				6	
Assets	7	Notes and loans receivable, net				7	
V	8	Inventories for sale or use			431,615.	8	373,525.
	9	Prepaid expenses and deferred charges			125,240.	9	119,703.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	28,468,242.			
	b	Less: accumulated depreciation	10b	13,651,825.	15,054,821.	10c	14,816,417.
	11	Investments - publicly traded securities	7,495,634.	11	8,984,756.		
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	151,730.	15	155,879.		
	16	Total assets. Add lines 1 through 15 (must equ	25,410,119.	16	25,720,714.		
	17	Accounts payable and accrued expenses	864,675.	17	878,830.		
	18	1 /				18	
	19	Deferred revenue		38,936.	19	208,418.	
	20	Tax-exempt bond liabilities			2,432,445.	20	2,377,730.
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to current and former					
ij		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela			687,000.	23	2,530,000.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 1 <i>1-</i> 24)	. Complete Part X of	410 426		405 511
		Schedule D			418,436.	25	485,511.
	26	Total liabilities. Add lines 17 through 25			4,441,492.	26	6,480,489.
		Organizations that follow SFAS 117 (ASC 958		k nere 🕨 🔼 and			
ĕ	07	complete lines 27 through 29, and lines 33 and lines 33 and lines 33 and lines 35 and lines 35 and lines 35 and lines 36 and lines 36 and lines 36 and lines 37 and lines 38 a			19,668,444.	27	17,846,777.
ılan	27	Unrestricted net assets			393,108.	28	482,224.
B	28	Temporarily restricted net assets Permanently restricted net assets			907,075.	29	911,224.
gun	29	Organizations that do not follow SFAS 117 (A		2) shook hara	507,075.	29	J11,224.
Ē		and complete lines 30 through 34.	30 930	s), check here			
S O	20					30	
se	30 31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Ne	33	Total net assets or fund balances			20,968,627.	33	19,240,225.
	34				25,410,119.	34	25,720,714.
	3 +	Total liabilities and net assets/fund balances			25,410,119.	J 4	25,720,714.

Form **990** (2017)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	20	,540,	,221.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22	,657,	682.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2	,117,	,461.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20	,968,	627.
5	Net unrealized gains (losses) on investments	5		389,	472.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-	413.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	19	,240,	225.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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 audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** GIRL SCOUTS OF WESTERN WASHINGTON 91-6060940 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

2 Tax revenues levide for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subreat line 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 197, 178. 236, 251. 236, 232. 245, 700. 262, 643. 1, 178, 004. 9 Net income from inrelated business activities, whether or not the business is regularly carried on 10 Other income. Oo not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10 22 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization of lind, fourth, or fifth tax year as a section 501(o)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage from 2016 Schedule A, Part II, line 14 15 Sez. 74 16 33 1/3%'s support test - 2017, If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. 15 Jan 18 Jan	Sec	ction A. Public Support						
membership fees received. (Do not include any "unusual grants.") 1,925,451. 1,671,238. 1,484,839. 1,219,329. 1,567,527. 7,868,384. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtest line 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 197,178. 236,251. 236,232. 245,700. 262,643. 1,178,004. 9 Net income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 197,178. 236,251. 236,232. 245,700. 262,643. 1,178,004. 9 Net income from interest continuous assets (Explain in Part VI.) 20 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization of line 11, line 14 18 Cross proport percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 12 Gross receipts from related activities, etc. (see instructions) 12 101,569,287. 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (fi)) 14 78.72 9 15 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (fi) 15 Respection C. Computation of Public Support Percentage 15 Public support percentage from 2016 Schodule A, Part II, line 14 15 82.74 9 15 Sa 173% support test - 2016. If the organization did not check he box on line 13, and line 15 is 33 1/3% or more, check this box and stop here.	Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
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2 Tax revenues levided for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 1,925,451, 1,671,238, 1,484,839, 1,219,329, 1,567,527, 7,868,384. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 237,501. 6 Public support. Subreat line 9 from line 4 7,630,883. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 197,178, 236,251, 236,232, 245,700, 262,643, 1,178,004. 9 Net income from the sale of capital assets (Explain in Part VI) 91,804, 145,653, 22,770, 40,922, 345,971, 647,120. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 91,804, 145,653, 22,770, 40,922, 345,971, 647,120. 12 Gross receipts from related activities, etc. (see instructions) 12 101,559,287. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(o)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage from 2016 Schedule A, Part II, line 14 15 82,74 9, 163 33 1/39% support test - 2017, life the organization did not check the box on line 13, and line 14 is 33 1/39% or more, check this box and stop here. 2016. If the organization did not check the box on line 13, on 16a, and line 15 is 33 1/39% or more, check this box and stop here. 2016. If the organization did not check abox on line 13 or 16a, and line 15 is 33 1/39% or more, check this box and stop here.		membership fees received. (Do not						
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Section B. Total Support Subtract line 5 from line 4.								
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7 Amounts from line 4		<u> </u>					· · · · · · · · · · · · · · · · · · ·	
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17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	17 a							
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization		•				•	-	
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organization mode the factoral deficition can be seed. The organization qualifies as a publicly supported organization	18							
	18	Private foundation. If the organization	on did not check a	box on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	s ▶L

Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(a) 2013	(6) 2014	(6) 2013	(u) 2010	(e) 2017	(I) Total
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that						<u> </u>
3	are not an unrelated trade or bus-						
	iness under section 513						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
_							
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
16	Amounts included on lines 1, 2, and						
ŀ	3 received from disqualified persons Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2014	(a) 201 <i>E</i>	(4) 2016	(a) 2017	(f) Total
	· · · · · · · · · · · · · · · · · · ·	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6 Gross income from interest,						
100	dividends, payments received on						
	securities loans, rents, royalties,						
L	and income from similar sources		+		<u> </u>	<u> </u>	
r.	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 20, 1075						
	Add lines 10a and 10b Net income from unrelated business		+				
•••	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain		+		<u> </u>	<u> </u>	
12	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	the evaniantion	a first second this	d fourth or fifth t	av voor oo o oostis	 F01(a)(2) avgani	Totion .
14	First five years. If the Form 990 is for	•	•		•	. , . , .	zation,
Sec	check this box and stop here ction C. Computation of Publi		rcentage				
	Public support percentage for 2017 (I			acluma (fl)		15	20
	Public support percentage from 2016					16	<u>%</u>
	ction D. Computation of Inves					10	70
	Investment income percentage for 20					17	%
	Investment income percentage from 2						——————————————————————————————————————
	33 1/3% support tests - 2017. If the						
196	more than 33 1/3%, check this box a						
L	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	ato roundation in the organizatio	ala not oncon a	. ~ o	a, or rob, orieon t	DON AITH 300 III		

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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.
- 10a 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		
	Зс		
	4a		
	44		
	41		
	4b		
	4c		
	5a		
	- Gu		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ja		
	9b		
	9с		
	10a		
	10b		
_			

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Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		1.,	·
			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	-		
2	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		
Sec	tion C. Type II Supporting Organizations			<u> </u>
	aton or typo it cupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1.00	110
•	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		
Sec	tion D. All Type III Supporting Organizations			•
	· · · · · · · · · · · · · · · · · · ·		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		
Sec	tion 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 yea(see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		·
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b		Za		
b	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.	20		
а				
u	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b				
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3h		

Sche	dule A (Form 990 or 990-EZ) 2017 GIRL SCOUTS OF WESTERN WASHINGTON			91-6060940	Page 6
Pai		Orga	anizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explain i	n Part VI.) See ins	tructions. All
	other Type III non-functionally integrated supporting organizations must con	nplete S	Sections A through E.		
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Currer (option		
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Currer (option	
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			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current	Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting o	rganization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2017

Pai	¹t V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Organic	anizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
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 t	the organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	,	(i)	(ii) Underdistributions	(iii) Distributable
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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 B, lines 1 and 2; Part IV, Section B, lines 1 and 2; Part IV, Section B, lines 1 and 3; Part IV, Section B, lines 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.)

SCHEDULE A,	PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOU	ıs	
2013 AMOUNT:	\$	26,226.
2014 AMOUNT:	\$	16,961.
2015 AMOUNT:	\$	20,313.
2017 AMOUNT:	\$	
FOREST THINN	ING	
2013 AMOUNT:	\$	1,902.
2014 AMOUNT:	\$	65,806.
2015 AMOUNT:	\$	2,457.
2016 AMOUNT:	\$	40,922.
2017 AMOUNT:	\$	
PENSION REIM	IBURSI	MENTS
2013 AMOUNT:	\$	63,676.
2014 AMOUNT:	\$	40,086.
2017 AMOUNT:	\$	16,175.
PROPERTY RIG	HTS	
2014 AMOUNT:	\$	22,800.
INSURANCE SE	TTLE	ENT
2017 AMOUNT:	\$	45,536.

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2017

G1	RL SCOUTS OF WESTERN WASHINGTON	91-6060940						
Organization type (check	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							
, ,	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.						
General Rule								
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor							
Special Rules								
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount, line 1. Complete Parts I and II.	, or 16b, and that received from						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.								
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year								
	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (In Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F							
	certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							
LHA For Paperwork Red	uction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule	B (Form 990, 990-EZ, or 990-PF) (2017)						

Name of organization

Employer identification number

GIRL SCOUTS OF WESTERN WASHINGTON

91-6060940

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BENEVITY COMMUNITY IMPACT FUND 1521 GEORGETOWN RD HUDSON, OH 44236	\$109,925.	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
2	COSTCO WHOLESALE 999 LAKE DR ISSAQUAH, WA 98027	\$50,200.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LISA N. QUAM 5224 218TH AVE E LAKE TAPPS, WA 98391	\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE BOEING COMPANY 10235 39TH AVE SW SEATTLE, WA 98146	\$\$	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
5	OLSON FAMILY FOUNDATION 8401 WEST DODGE RD, STE 256 OMAHA, NE 68114	\$	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
6	GARY E. MILGARD FAMILY FOUNDATION 1701 COMMERCE STREET TACOMA, WA 98402	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

GIRL SCOUTS OF WESTERN WASHINGTON

91-6060940

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	GIFT CARDS		
		\$	10/20/17
(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
		\$	

Name of orga	anization		Employer identification number	
מדפו. פרחוו	TS OF WESTERN WASHINGTON		91-6060940	
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete of completing Part III, enter the total of exclusively religiou	columns (a) through (e) and the follo s, charitable, etc., contributions of \$1,000 o	ed in section 501(c)(7), (8), or (10) that total more than \$1,000 for lowing line entry. For organizations	_
(a) No. from Part I	Use duplicate copies of Part III if addition (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
				-
		(e) Transfer of git	ift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	_
(a) No.	422 676		(05	- -
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	_
				<u>-</u>
	Transferee's name, address, al	(e) Transfer of git	Relationship of transferor to transferee	
				- -
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	_
				- -
		(e) Transfer of git	jift	
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	_
(a) No.				- -
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	_
				-
	Transferee's name, address, al	(e) Transfer of gif	rift Relationship of transferor to transferee	
			resident of a different to a difference	- - -
				-

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

GIRL SCOUTS OF WESTERN WASHINGTON

Employer identification number 91-6060940

Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds	or Accou	Ints Complete if the
I a		o or Accou	GITTS. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds	/b) Eur	nds and other accounts
		(b) i di	ids and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the asset is a second to be advisor to the properties of the propertie		
	are the organization's property, subject to the organization's exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be		
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	conferring	
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990,	Part IV, line 7	<u>'. </u>
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (e.g., recreation or education) Preservation of a hist	orically impo	rtant land area
	Protection of natural habitat Preservation of a cert	ified historic	structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	of a conserv	ation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	2a	1
b	Total acreage restricted by conservation easements	2b	4.00
С	Number of conservation easements on a certified historic structure included in (a)	2c	0
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic struct	ure	
	listed in the National Register	2d	0
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the		n during the tax
	year ▶0		
4	Number of states where property subject to conservation easement is located 1		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?		Yes X No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing con		
	52		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserva	tion easeme	nts during the year
	▶ \$ 1,890.		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense		
	include, if applicable, the text of the footnote to the organization's financial statements that describes		
	conservation easements.		· ·
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or O	ther Simi	lar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue state	ment and bal	ance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furthera	nce of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	•	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statemen	t and balance	e sheet works of art. historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of pu		
	relating to these items:	,	
	(i) Revenue included on Form 990, Part VIII, line 1	•	\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financia		
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	ga, provid	
а			\$
	Assets included in Form 990, Part X		
IJ	7,000to moladod in Form 500, Fart 7		Ψ

Pai	t III Organizations Maintaining C	collections of A	t, Historical Tr	easures, or Oth	er Similar A	ssets (contir	nued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant use c	of its collection	n items
	(check all that apply):						
а	Public exhibition	d		nange programs			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co					Part XIII.	
5	During the year, did the organization solicit o						
Da	to be sold to raise funds rather than to be ma					Yes	No_
Pai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		ete if the organizatio	n answered "Yes" o	n Form 990, Par	t IV, line 9, or	•
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other assets no	t included		
	on Form 990, Part X?					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII						
						Amount	t
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
	Did the organization include an amount on Fo				•	· Yes	└─ No
	If "Yes," explain the arrangement in Part XIII.						
Pai	t V Endowment Funds. Complete in				i	.1 -	
		(a) Current year	(b) Prior year		· · ·		years back
1a	Beginning of year balance	282,433.	251,938.	231,948.	242,5	54.	197,702.
b	Contributions	06.457	24 261	04 505	10.6	0.6	26,000.
С	Net investment earnings, gains, and losses	26,457.	31,361.	24,505.	-10,6	006.	18,852.
d	Grants or scholarships						
е	Other expenditures for facilities			2 650			
	and programs	1,771.	866.	3,650. 865.			
	Administrative expenses	307,119.	282,433.	251,938.	231,9	148	242,554.
g	End of year balance			-	251,5	/=0.	242,334.
2	Board designated or quasi-endowment	.00	e (iirie 1g, columii (a	ij) rielu as.			
a b	Permanent endowment 50.21	%					
	Temporarily restricted endowment	49.79 %					
·	The percentages on lines 2a, 2b, and 2c sho						
За	Are there endowment funds not in the posse	•	ation that are held a	nd administered for	the organization	1	
	by:	colon of the organiza			o.g	-	Yes No
	(i) unrelated organizations						Х
	(ii) related organizations						Х
b	If "Yes" on line 3a(ii), are the related organiza						
4	Describe in Part XIII the intended uses of the						
Pai	t VI Land, Buildings, and Equipm	ent.					
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990, Part >	(, line 10.		
	Description of property	(a) Cost or o	ther (b) Cost	or other (c) A	Accumulated	(d) Bool	k value
		basis (investr	nent) basis	(other) de	epreciation		
1a	Land		2	,755,459.		2	,755,459.
b	Buildings		16	,875,182.	9,694,617.	7	,180,565.
	Leasehold improvements			,168,681.	496,042.		672,639.
	Equipment			,570,912.	3,461,166.		,109,746.
	Other			,098,008.			,098,008.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)		14	,816,417.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 GIRL SCOUTS OF W	ESTERN WASHINGTO	N	91-6060940	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes	" on Form 990, Part IV	, line 11b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or end-of-year mark	et value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes	" on Form 990 Part IV	line 11c. See Form 990	Part X line 13	
(a) Description of investment	(b) Book value		aluation: Cost or end-of-year mark	et value
(1)	· · ·	.,	, , , , , , , , , , , , , , , , , , , ,	
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes	" on Form 990 Part IV	line 11d See Form 990	Part X line 15	
	Description	, 1110 1 14. 000 1 0111 000,	(b) Book	value
(1)	,		(-,	
(1)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u> (8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	20 15)			
Part X Other Liabilities.	10 10.)			
Complete if the organization answered "Yes	" on Form 990 Part IV	line 11e or 11f See Form	990 Part X line 25	
1. (a) Description of liability	0111 01111 000,1 art 10	(b) Book value	1 000, 1 art X, iii 0 20.	
(1) Federal income taxes		(a) Doon value		
(2) CAPITAL LEASE OBLIGATIONS		485,511.		
(-)		403,311.		
(3)				
<u>(4)</u>	+			
(5)	+			
<u>(6)</u>	+			
(7)	+			
(8)	+			
(9) Tatal (Column (b) must equal Form 990, Part V, col. (P) lin	20.25	/OE E11		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	1€ ∠3.)	485,511.		

^{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

91-6060940	Page
31-0000340	Page

Pai	t XI Reconciliation of Revenue per Audited Financial Sta		Revenue per P	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				
1	Total revenue, gains, and other support per audited financial statements			1	21,181,822.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments		389,472.	1 1	
b	Donated services and use of facilities		70,725.	-	
	Recoveries of prior year grants			-	
	Other (Describe in Part XIII.)	2d	-50,637.		
е	Add lines 2a through 2d			2e	409,560.
3	Subtract line 2e from line 1			3	20,772,262.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b			_	
	Other (Describe in Part XIII.)	4b	-232,041.		
С	Add lines 4a and 4b			4c	-232,041.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	20,540,221.
Pal	t XII Reconciliation of Expenses per Audited Financial Sta		Expenses per	Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				
1	Total expenses and losses per audited financial statements			1	22,910,224.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities		70,725.	<u>.</u>	
b	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)		236,603.		
е	Add lines 2a through 2d			2e	307,328.
3	Subtract line 2e from line 1			3	22,602,896.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b		54,786.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	54,786.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	8.)		5	22,657,682.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4			4; Part X,	line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ıy additional inform	ation.		
D1D#					
PARI	II, LINE 9:				
miin	TAGENTUM SYNTHE PEGENDER 21 2042 MVII MOMAL GOOM OF MVII	DAGENERIE IJAG			
THE	EASEMENT EXPIRES DECEMBER 31, 2043. THE TOTAL COST OF THE	EASEMENT WAS			
426	CEO DUE IN MUO DAVINDAMO OR 612 225 MUE BIDOM DAVINDAM MAG	DIE TIT V 15			
\$20,	650 DUE IN TWO PAYMENTS OF \$13,325. THE FIRST PAYMENT WAS	DOE JOLY 15,			
2017	AND MUE GEGOND DAVMENT WAS DIE DEGEMBED 21 2015 MUE DAV	MENDO ADE			
2014	AND THE SECOND PAYMENT WAS DUE DECEMBER 31, 2015. THE PAY	MENIS ARE			
RECC	RDED AS A PREPAID EXPENSE AND AMORTIZED AT \$888 PER YEAR C	WER 30			
ППСС	NOID NO N INDINIO DALDHOU IND IMONITADD NI 9000 IDN IDNN C	VIII 30			
YEAR	S				
	<u>. </u>				
PART	V, LINE 4:				
-					
THE	GIRL SCOUTS OF WESTERN WASHINGTON ENDOWMENT FUND PRINCIPAL	WILL REMAIN			
IN F	ERPETUITY. THE GIRL SCOUTS OF WESTERN WASHINGTON ENDOWMENT	POLICY			
PROV	TIDES FOR EARNED INCOME ON PRINCIPAL TO BE USED IN SUPPORT	OF AGENCY			
ODE	AUTONG				
OPER	ATIONS.				

Schedule D (Form 990) 2017

	hedule D (Form 990) 2017 GIRL SCOUTS OF WESTERN WASHINGTON		Page 5
Part XIII Supplemental Information (continued)			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	4,149.		
INVESTMENT MANAGEMENT FEES	-54,786.		
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-50,637.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
RAFFLE EXPENSES	-5,490.		
SPECIAL EVENT EXPENSE	-226,551.		
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-232,041.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
BAD DEBT RELATED TO PLEDGE RECEIVABLE	4,562.		
RAFFLE EXPENSES	5,490.		
SPECIAL EVENT EXPENSE	226,551.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D	236,603.		

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

name of the organization GIRL SCOUT:	S OF WESTERN WASHINGTON				91-6060940	entification number
	Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, I		
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	sed funds through any of the following solicitars of Solicitars of Solicitars of Special solicitars or oral agreement with any individual cart VII) or entity in connection with providuals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover ising o ding o	overnment grants nment grants events fficers, directors, trus undraising services?	stees, or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
ANNE ALECCI KAHN - 20639 NE	GRAMMI B. LINGURON	Yes	No	227 000	10 500	224 500
.69TH PL, WOODINVILLE, WA	SEATTLE LUNCHEON		Х	237,089.	12,500	. 224,589.
.69TH PL, WOODINVILLE, WA	GLAMP		Х	228,144.	62,800	165,344.
Total				465,233.	75,300	. 389,933.
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	l it is exempt from I	registration
VA.						

Schedule G (Form 990 or 990-EZ) 2017 GIRL SCOUTS OF WESTERN WASHINGTON Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add col. (a) through SEATTLE LUNCHEON GLAMP col. (c)) (event type) (total number) (event type) Revenue 1 Gross receipts 237,949 214,582. 144,567. 597,098. 2 Less: Contributions 215,049 136,640. 101,497. 453,186. **3** Gross income (line 1 minus line 2) 22,900 77,942. 43,070. 143,912. 4 Cash prizes 5 Noncash prizes Direct Expenses 5,071. 5,071. 6 Rent/facility costs 23,244. 25,773. 19,350. 68,367. 7 Food and beverages 28,522, 5,410. 11,495 45,427. 8 Entertainment 9,211. 82,557. 15,918. 107,686. 9 Other direct expenses 226,551. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) -82,639. Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No

Schedule G	(Form	990 or	990-EZ	2017

b If "No," explain:

b If "Yes," explain: ___

Sch	nedule G (Form 990 or 990-EZ) 2017 GIRL SCOUTS OF WESTERN WASHINGTON 91-60	60940	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
40	to administer charitable gaming?	└── Yes	└── No
	Indicate the percentage of gaming activity conducted in:	120	0/
	a The organization's facility	1 1	<u>%</u>
	an outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130	70
17	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ŀ	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\		
(If "Yes," enter name and address of the third party:		
	Name ▶		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
•	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	□ No
ŀ	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9. 9b. 10	Ob, 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SCI	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I)	NAME OF FUNDRAISER: ANNE ALECCI KAHN		
/ T \	ADDDESS OF FINIDATSED, 20639 ME 169TH DI. WOODTMUTLE WA 98077		
(1)	ADDRESS OF FUNDRAISER: 20639 NE 169TH PL, WOODINVILLE, WA 98077		
(7)	NAME OF FUNDDATORD, ANNE ALROCT VAUN		
(1)	NAME OF FUNDRAISER: ANNE ALECCI KAHN		
(I)	ADDRESS OF FUNDRAISER: 20639 NE 169TH PL, WOODINVILLE, WA 98077		

Schedule G	G (Form 990 or 990-EZ)	IRL SCOUTS OF WESTERN WASHING	TON	91-6060940	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Inform	ation (continued)			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

Attach to Form 990.

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

Onen to Public

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

Department of the Treasury

GIRL SCOUTS OF WESTERN WASHINGTON 91-6060940

Pa	art I Questions Regarding Compensation			
	anti Caronono nogaramg componention		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 Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
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.			
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
-	organization or a related organization:			
а		4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	·· —		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?			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		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
-	contingent on the net earnings of:			
а	The organization?	6a		Х
	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		
	· · · · · · · · · · · · · · · · · · ·			

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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Page 2

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	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	F
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)-(i)(B)	in column (B) reported as deferred on prior Form 990
(1) MEGAN FERLAND	Ξ	238,225.	57,716.	0	0	1,042.	296,983.	0
CHIEF EXECUTIVE OFFICER	€	0.	0	0	0	0	0	0
(2) JAMES LAUGEN	: ∈	151,430.	0	255.	0	8,044.	159,729.	*0
CHIEF FUND DEV. & STRATEGY OFFICER	∷≣	0	0	0	0	0.	0	*0
	Ξ							
	€							
	Ξ							
	€							
	Ξ							
	€							
	Ξ							
	€							
	Ξ							
	(iii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	<u>(ii)</u>							
74-74-04-04-04-14-47							Schedu	Schedule J (Form 990) 2017

SCHEDULE K

Department of the Treasury Internal Revenue Service (Form 990)

Name of the organization

► Attach to Form 990.

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, Supplemental Information on Tax-Exempt Bonds

explanations, and any additional information in Part VI.

2017 Open to Public Inspection

OMB No. 1545-0047

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

Employer identification number

ŝ (i) Pooled financing × Yes ŝ ŝ (g) Defeased (h) On behalf å of issuer × Ω Ω Yes 91-6060940 Yes Yes ŝ × Yes ŝ ŝ ပ (f) Description of purpose PROPERTY IMPROVEMENT Yes Yes ဍ ŝ B Ω 250. Yes Yes (e) Issue price 741, 7 ,250 2,696,664, 44,586 343,517 × × × × å ŝ 2,741, 2012 (d) Date issued Yes Yes 09/08/11 × × (c) CUSIP# Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of NONE Was the organization a partner in a partnership, or a member of an LLC, SCOUTS OF WESTERN WASHINGTON (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? 91-1874730 which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? Working capital expenditures from proceeds WASHINGTON STATE HOUSING FINANCE Credit enhancement from proceeds Capital expenditures from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds GIRL Year of substantial completion (a) Issuer name Part III Private Business Use Other unspent proceeds bond-financed property? Amount of bonds retired Total proceeds of issue Other spent proceeds Bond Issues Proceeds COMMISSION Part II Part I 4 2 Q ო 9 ∞ 6 우 15 16 4 Q 5 5 ⋖ Ω O

Schedule K (Form 990) 2017

91-6060940		
GIRL SCOUTS OF WESTERN WASHINGTON	e (Continued)	
e K (Form 990) 2017	Private Business Use	
Schedule	Part III	

Page 2

Part III Private business Use (Continued)								
	V			В		O	۵	
3a Are there any management or service contracts that may result in private	Yes	N	Yes	No	Yes	No	Yes	N
business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		×						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government		% 00.		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government		% 00.		%		%		%
6 Total of lines 4 and 5		% 00°		%		%		%
7 Does the bond issue meet the private security or payment test?		×						
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501 (c)(3) organization since the bonds were issued?		×						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified								
Regulations sections 1.141-12 and 1.145-2?		X						
Part IV Arbitrage								
	A		_	В		C	٥	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?	×							
4a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?		×						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
732122 10-18-17						Sch	Schedule K (Form 990) 2017	n 990) 2017

Page 3 91-6060940 GIRL SCOUTS OF WESTERN WASHINGTON Schedule K (Form 990) 2017

Part IV Arbitrage (Continued)

Partiv Arbitrage (continued)								
•	V		8		S			
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		×						
7 Has the organization established written procedures to monitor the requirements of	×							
Part V Procedures To Undertake Corrective Action								
	A		В		S		٥	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable	×							
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions	on Schedule	K. See instru	ıctions					
1 1								
732123 10-18-17						Sch	Schedule K (Form 990) 2017	m 990) 2017

SCHEDULE M (Form 990)

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.

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

GIRL SCOUTS OF WESTERN WASHINGTON

Employer identification number 91-6060940

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		-	:s
1	Art - Works of art			<u> </u>				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		450	SELLING PRICE			
6	Cars and other vehicles			100				
7	Boats and planes	X	1	350	SELLING PRICE			
8	Intellectual property		_	330	DEEDLING TRICE			
9	Securities - Publicly traded	X	3	6 402	FAIR MARKET VALU	R		
10	Securities - Closely held stock			0,102	71111			
11	Securities - Closely field stock Securities - Partnership, LLC, or							
•••	• • • • • • • • • • • • • • • • • • • •							
12	trust interests Securities - Miscellaneous							
13	Qualified conservation contribution -							
10	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	416	10,039	FAIR MARKET VALU	E		
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (OTHER GOODS)	X	1,524	48,152	COST/SELLING PRIC	CE		
26	Other (AUCTION ITEMS)	Х	184	27,270	COST/SELLING PRIC	CE		
27	Other (RAFFLE)	Х	6	5,400	COST/SELLING PRIC	CE		
28	Other ()							
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for c	ontributions				
	for which the organization completed Form 828	3, Part IV,	Donee Acknowled	gement 29			0	
							Yes	No
30a	During the year, did the organization receive by	contribution	on any property rep	oorted in Part I, lines 1 throu	igh 28, that it			
	must hold for at least three years from the date	of the initia	al contribution, and	I which isn't required to be	used for			
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contrib	utions?	31	Х	
32a	Does the organization hire or use third parties of	or related or	rganizations to soli	cit, process, or sell noncash	1			
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is ch	ecked,			
	describe in Part II							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

Name of the organization

GIRL SCOUTS OF WESTERN WASHINGTON

Employer identification number 91-6060940

FORM 990, PART I, LINE 6:
GIRL SCOUT VOLUNTEERS PROVIDE LEADERSHIP MODELING AND GUIDANCE THROUGH
A PARTNERSHIP WITH GIRLS AGES FIVE TO EIGHTEEN. THROUGH THIS
RELATIONSHIP GIRLS DEVELOP CONFIDENCE AND CHARACTER. THE TOTAL NUMBER
OF VOLUNTEERS INCLUDES THE NUMBER OF UNCOMPENSATED BOARD MEMBERS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DO SOMETHING BIG. GIRLS GAIN SPECIFIC KNOWLEDGE, SKILLS, ATTITUDES,
BEHAVIORS, AND VALUES THAT ALLOW THEM TO BECOME LEADERS. THEY UNLEASH
THEIR POTENTIAL BY DEVELOPING A STRONG SENSE OF SELF, TRANSFORM THEIR
WORLD BY TAKING ACTION ON THE ISSUES THEY CARE ABOUT, AND BUILD THEIR
FUTURE BY TAKING THE FIRST STEPS TOWARD MAKING THEIR DREAMS A REALITY -
FOR THEMSELVES AND THEIR COMMUNITIES.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
SOCIOECONOMIC STATUS, SEXUAL ORIENTATION, ABILITY, GENDER IDENTITY, OR
GEOGRAPHIC LOCATION TO UNLEASH HER POTENTIAL, BUILD HER FUTURE AND
TRANSFORM HER WORLD.
BOTH NATIONALLY AND LOCALLY, WE HAVE HISTORICALLY REACHED WHITE,
MIDDLE-CLASS GIRLS WHOSE PARENTS HAVE A FAMILIARITY WITH GIRL SCOUTS
AND THE FLEXIBILITY TO VOLUNTEER. AS THE DEMOGRAPHICS OF OUR REGION
CONTINUE TO SHIFT, SO MUST WE.
ACCORDING TO A LANDMARK STUDY CONDUCTED BY GIRL SCOUTS AT THE NATIONAL
LEVEL, THE TRANSFORMATIONAL POWER OF GIRL SCOUTS HAS SIGNIFICANT

Name of the organization	Employer identification number
GIRL SCOUTS OF WESTERN WASHINGTON	91-6060940
LONG-TERM IMPACTS ON GIRLS, WITH EDUCATIONAL ACHIEVEMENT AND AVERAGE	
SALARIES SIGNIFICANTLY HIGHER AMONG GIRLS WHO PARTICIPATED IN GIRL	
SCOUTS FOR MORE THAN SIX YEARS. WE FEEL STRONGLY THAT THESE POSITIVE	
SOCIAL AND EMOTIONAL BENEFITS SHOULD BE EASILY AVAILABLE TO ALL MEMBERS	
OF OUR COMMUNITY. GSWW ALSO BELIEVES THAT ALL OUR GIRLS WILL BENEFIT	
FROM INTERACTING WITH AND LEARNING FROM A GREATER DIVERSITY OF GIRLS	
AND VOLUNTEERS DURING THEIR TIME IN GIRL SCOUTS.	
THE INITIATIVE'S OVERALL GOAL IS TO SERVE A REPRESENTATIVE PERCENTAGE	
OF GIRLS OF COLOR (30%) IN THE 17 WESTERN WASHINGTON COUNTIES WE SERVE,	
RATHER THAN THE 18% WE CURRENTLY REACH OVERALL, WITHIN THREE YEARS.	
GSWW CURRENTLY SERVES MORE THAN 24,000 GIRLS AND 13,400 VOLUNTEERS EACH	
YEAR OUT OF FOUR REGIONAL OFFICES (BELLEVUE, BREMERTON, DUPONT, AND	
EVERETT, WA) AND OUR HEADQUARTERS IN SEATTLE. THIS CHANGE WOULD MEAN WE	
ARE REACHING NEARLY 7,500 GIRLS OF COLOR IN WESTERN WASHINGTON BY 2020.	
OUR SUCCESS IN WORKING WITH GIRLS MEANS THAT OUR INITIATIVE WILL GIVE	
SIGNIFICANTLY LARGER NUMBERS OF UNDERSERVED GIRLS ACCESS TO THE	
CONFIDENCE- AND SKILL- BOOSTING OPPORTUNITIES THAT HAVE ALWAYS BEEN A	
HALLMARK OF GIRL SCOUTS: COOKIE BUSINESSES, OUTDOOR EXPERIENCES AT CAMP	
AND BEYOND AND OPPORTUNITIES TO TACKLE STEM SUBJECTS IN SUBSTANTIVE	
WAYS, AMONG OTHER PROGRAMS. WE ARE TESTING NEW HYBRID DELIVERY MODELS	
(STAFF AND VOLUNTEER CO-LED, FOR EXAMPLE) THAT WE HOPE WILL INCREASE	
PARTICIPATION AND PRODUCE POSITIVE GIRL OUTCOMES.	
FORM 990, PART VI, SECTION A, LINE 6:	
MEMBERS OF THE COUNCIL ARE MEMBERS OF THE GIRL SCOUT MOVEMENT, 14 YEARS OF	
AGE OR OVER WHO ARE REGISTERED THROUGH THE COUNCIL. MEMBERSHIP CONSISTS OF	
DELEGATES ELECTED BY SERVICE UNITS, MEMBERS OF THE BOARD AND NOMINATING	

Name of the organization GIRL SCOUTS OF WESTERN WASHINGTON	Employer identification number 91-6060940
COMMITTEE, AND PAST PRESIDENTS OF THE COUNCIL OR OF GIRL SCOUTS. TOTAL	
NUMBER OF MEMBERS SHALL NOT BE LESS THAN 150, AT LEAST 2/3 OF WHOM MUST BE	
ELECTED BY SERVICE UNITS.	
FORM 990, PART VI, SECTION A, LINE 7A:	
OFFICERS AND MEMBERS AT LARGE OF THE BOARD SHALL BE ELECTED BY THE MEMBERS	
OF THE COUNCIL.	
FORM 990, PART VI, SECTION A, LINE 7B:	
MEMBER APPROVAL IS REQUIRED TO AMEND THE ARTICLES OF INCORPORATION AND	
BYLAWS OF THE COUNCIL.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PRESENTED TO THE AUDIT COMMITTEE FOR REVIEW. THE AUDIT	
COMMITTEE WILL THEN RECOMMEND TO THE BOARD THAT IT BE SUBMITTED FOR FILING	
WITH THE IRS. THE BOARD RECEIVES A FULL COPY OF THE FORM 990 PRIOR TO	
FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
BOARD MEMBERS AND KEY EMPLOYEES ARE ASKED TO SIGN A CONFLICT OF INTEREST	
FORM ON AN ANNUAL BASIS. BOARD MEMBERS ARE REQUIRED TO CALL ATTENTION TO	
ANY MATTERS REQUIRING BOARD ACTION FOR WHICH THEY HAVE A CONFLICT OF	
INTEREST. THEY ARE REQUIRED TO ABSTAIN FROM VOTING ON ANY MATTERS WHERE	
THEY HAVE A CONFLICT OF INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15:	
AT THE RECOMMENDATION OF THE COMPENSATION TEAM OF GIRL SCOUTS USA (GSUSA),	
MARKET ADJUSTMENTS ARE BASED ON THE "WORLD AT WORK" FORECASTED SALARY	