** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

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

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

2015 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury

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

intern	al Reve	nue Service Information about Form 990 and its instructions is			inspection								
AF	or the	e 2015 calendar year, or tax year beginning $$ OCT 1 , $$ $$ $$ $$ 20 $$ 15 $$ $$ and $$	ending S	EP 30, 2016	- · · · · · · · · · · · · · · · · · · ·								
Вс	heck if	C Name of organization		D Employer identific	cation number								
a	plicabl	GIRL SCOUTS OF OREGON & SW WASHINGTON,		, ,									
	Addre	S TNO											
-	ηName			93-0	399051								
ļ	Jchang ∃Initial												
<u> </u>	return	,	Room/suite	E Telephone number									
L	Final return			(503) 977-6800									
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 13,597,343.									
	Amen return	PORTLAND, OR 97219-6041		H(a) is this a group re	turn								
Γ	Apolio tion	F Name and address of principal officer: KAREN HILL		for subordinates	? Yes X No								
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	·············								
	0 V 0 V	empt status: X 501(c)(3)	or 527	- '									
		te: WWW.GIRLSCOUTSOSW.ORG	<u>الله السالة الرا</u>	H(c) Group exemption									
			, _V										
	12 TOTAL OF STREET, CO. ST. ST. ST. ST. ST. ST. ST. ST. ST. ST												
123	ri i	Summary											
	1	Briefly describe the organization's mission or most significant activities: ${{ m TO}}{\ \ { m BI}}$	ATPD G	TRLS OF COUP	RAGE,								
ĕ		CONFIDENCE AND CHARACTER WHO MAKE THE WOR	LD A E	SETTER PLACE	•								
Governance	2	Check this box > if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.								
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	16								
යි	4	Number of independent voting members of the governing body (Part VI, line 1b)			16								
	-	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			169								
ië.					9482								
Σ		Total number of volunteers (estimate if necessary)			0.								
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.								
_	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>										
				Prior Year	Current Year								
ø	8	Contributions and grants (Part VIII, line 1h)		859,916.	956,039.								
2	9	Program service revenue (Part VIII, line 2g)		477,502.	645,415.								
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		700,982.	107,830.								
ã	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1	5,291,097.	5,878,533.								
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,329,497.	7,587,817.								
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		90,893.	182,934.								
				0.	0.								
	14	Benefits paid to or for members (Part IX, column (A), line 4)		4,268,309.	4,627,567.								
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)											
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.								
ğ,		Total fundraising expenses (Part IX, column (D), line 25) 520, 20											
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,347,774.	2,756,191.								
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,706,976.	7,566,692.								
	19	Revenue less expenses. Subtract line 18 from line 12		622,521.	21,125 .								
or es				ginning of Current Year	End of Year								
t Assets or I	20	Total assets (Part X, line 16)		17,948,719.	18,160,970.								
Ass Bai	21	Total liabilities (Part X, line 26)		1,082,075.	1,026,139.								
Net/		Net assets or fund balances. Subtract line 21 from line 20		16,866,644.	17,134,831.								
	rt II	Signature Block		10,000,011.	2,,201,001								
				uto and to the best of my	Uknowledge and belief it is								
		ulties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is								
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.									
Sign	1	Signature of officer		Date									
Her	е	★ KAREN HILL, EXECUTIVE DIRECTOR											
		Type or print name and title											
		Print/Type preparer's name Preparer's signature		Date Check	PTIN								
Paid		KARIN S. WANDTKE Land Wardte	. In	5/08/17 self-employ	P00172715								
Prep		Firm's name MCDONALD JACOBS, P.C.		Firm's EIN ▶	93-0900579								
-				3 HIH 2 CHA									
Use	UIIIY			, ni / E	N2								
		PORTLAND, OR 97204		Phone no. (5	03) 227-0581								
May	the t	RS discuss this return with the preparer shown above? (see instructions)	<u></u>	***************************************	X Yes No								

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		_ <u>X</u> _
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,]		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		**	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	49494
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.		A 100 M	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١	v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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			х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	, , , , , , , , , , , , , , , , , , , ,	11e		- 22
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	Х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	""	- 11	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? // "Yes," complete	12a	х	
	Schedule D, Parts XI and XII	124	-21	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	10h		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a	 -	X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
Đ	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
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1710		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
40	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	"		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
18	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>	
13	complete Schedule G. Part III	19		х
	COMPLETE SOLICULE CI, Fat III		990	(2015)

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			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	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	<u> </u>	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			100 A
	instructions for applicable filing thresholds, conditions, and exceptions):		No.	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		Х
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?			
•	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1	l .	
	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			
	Part V, line 1	34		X
35a	The state of the s	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	x	L
		r	. gan	(2015)

Form 990 (2015)

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

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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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 16 1a Enter the number of voting members of the governing body at the end of the tax year 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. 16 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 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? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Х organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? X 10a b if "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done Х 13 Did the organization have a written whistleblower policy? X Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? 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 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶OR Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) X Own website Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: HARMONY GEORGE - (503) 977-6800 OR 97219-6041 9620 SW BARBUR BLVD., PORTLAND,

532006 12-16-15

Form 990 (2015)

INC.

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.

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

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

(A)	(B)	Jiga	1112-01	((рол	out	(D)	(E)	(F)
Name and Title	Average			Posi	ition			Reportable	Reportable	Estimated
	hours per	box,	, unle:	ss per	son is	than o	an	compensation	compensation	amount of
	week		cer an	da di	recto	r/trus	tee}	from	from related	other
	(list any	trustee or director					ļ	the	organizations	compensation
	hours for related	ip io	98			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Luste	trus		96/	ued u		(***2/1033-141100)		and related
	below	dualt	nstitutional trustee	<u>.</u>	(ojdiii	st co	1			organizations
	line)	Individual 1	Institu	Officer	Кву етріоуве	Highest compensated employee	Former			_
(1) MARY ANN FRANTZ	1.00									
CHAIR		X		x				0.	0.	0.
(2) JANE DREW	1.00									
FIRST VICE CHAIR		Х		Х				0.	0.	0.
(3) ROBERT POE	1.00									
SECOND VICE CHAIR		X		Х				0.	0.	0.
(4) MARCIA CHAPMAN	1.00									
TREASURER		x		Х				0.	0.	0.
(5) BARBARA GIBBS	1.00									
SECRETARY		x		Х				0.	0.	0.
(6) DEBI COLEMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) TRACY CURTIS	1.00	Π								
BOARD MEMBER		X					<u>L.</u>	0.	0.	0.
(8) JULIE GESS-NEWSOME	1.00									
BOARD MEMBER		X						0.	0.	0.
(9) TONYA HART-MANNING	1.00						•			
BOARD MEMBER		X		<u> </u>				0.	0.	0.
(10) ROBERTA JANSSEN	1.00									
BOARD MEMBER		X						0.	0.	0.
(11) MOLLY KREUZMAN	1.00									
BOARD MEMBER		X	L.					0.	0.	0.
(12) JOAN LINTZ	1.00								:	
BOARD MEMBER		X			L			0.	0.	0.
(13) KIMBERLEE SHENG	1.00]						<u> </u>		
BOARD MEMBER		X						0.	0.	0.
(14) ROBYN THORSON	1.00			ľ						
BOARD MEMBER		X	L					0.	0.	0.
(15) SARAH WITTE	1.00									}
BOARD MEMBER		X		$oxed{oxed}$			乚	0.	0.	0.
(16) ELLEN STEEL	1.00									
BOARD MEMBER		X	<u> </u>			1	<u></u>	0.	0.	0.
(17) KAREN HILL	40.00	ļ			1					
CHIEF EXECUTIVE OFFICER				X		<u></u>	<u>L_</u>	133,443.	0.	11,089.
500007 40 40 45										Form 990 (2015)

532007 12-16-15

Form 990 (2015) INC.									93-03	<u> 3990</u>	51	Pa	ge 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	Average Position (do not check more than one box, unless person is both an					an	(D) Reportable compensation from	(E) Reportable compensation from related	in I	Esti amo	(F) mateo ount c ther	
	(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)	organization (W-2/1099-MIS		orgar	m the nization relate	e on ed
		_							***************************************				
		-							***************************************				
1b Sub-total								133,443.		0.	11	, 08	89.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	II, Section A							133,443.		0.		,08	0.
Total number of individuals (including but r compensation from the organization							o re	eceived more than \$100	000 of reportable	3		Yes	1
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s											3	Tes	No X
4 For any individual listed on line 1a, is the st and related organizations greater than \$15	um of reportab 0,000? <i>If</i> "Yes	le co , " co	omp ompl	ensa lete S	ition S <i>ch</i> e	and edule	loth ∋ <i>Jf</i>	ner compensation from t for such individual	he organization	1	4		X
Did any person listed on line 1a receive or a rendered to the organization? If "Yes." con Section B. Independent Contractors											5	13,11,114	X
1 Complete this table for your five highest co										pensati	ion fror	n	
the organization. Report compensation for (A) Name and business			endi ON:		/ith	or w	thir	the organization's tax y (B) Description of s		Cı	(C)		
													
													- TE 12 1
Total number of independent contractors (\$100,000 of compensation from the organi		ot lii	mite	d to		se lis O	sted	l above) who received m	ore than		Earm C		

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		Check if Schedule O contain			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
2 1	1 a	Federated campaigns	1a	34,275.				
	b	Membership dues						
\$	C	Fundraising events	1c	138,888.				
	d	Related organizations	1d					
	е	Government grants (contribution	ns) 1e					
2	f	All other contributions, gifts, grants,	and					
		similar amounts not included above	1f	782,876.				
3	g	Noncash contributions included in lines 1a-	1f: \$	42.				
8	h	Total. Add lines 1a-1f	<u> </u>		956,039.			
			_	Business Code				High property
1	2 a	PROGRAM/TRAINING	FEES	611710	645,415.	645,415.		
20	b							
	С							
ě	ď							
Revenue	е							
	f	All other program service revenu						
	g	Total. Add lines 2a-2f			645,415.			
;	3	Investment income (including di	vidends, intere	est, and				
		other similar amounts)			129,392.			129,392
4	4	Income from investment of tax-e	exempt bond p	roceeds 🕨				
;	5	Royalties						4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		_	(i) Real	(ii) Personal				
(6 a	Gross rents1	50,104.					
	b	Less: rental expenses	0.					
	C	Rental income or (loss) 1	50,104.					
	d	Net rental income or (loss)		<u></u>	150,104.			150,104
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	<u>418239.</u>	203.				
	b	Less: cost or other basis		_				
		and sales expenses1	440004.	0.				
	C	Gain or (loss)	21,765	203.				04 56
	d	Net gain or (loss)		· <u></u>	-21,562.		Description of the second of t	-21,562
. .	8 a	Gross income from fundraising						
		including \$138,88	88. of					
		contributions reported on line 1	c). See	1				
		Part IV, line 18						
		Less: direct expenses		21,078.			ir saturat i sestire tija.	10.05
'	C	Net income or (loss) from fundra	aising events	<u></u>	-12,953.			-12,953
	9 a	Gross income from gaming acti						
		Part IV, line 19	a	· 				
		Less: direct expenses		·			2020-0-19-0-19-0-19-0-19-0-19-0-19-0-19-	n gyfatilligel eith
	C	Net income or (loss) from gamir	ng activities .	<u></u>			No the section see the last	
1	10 a	Gross sales of inventory, less re						
		and allowances		10183301				
1		Less: cost of goods sold		45 <u>48444.</u>		C 604 055	Takk the take	
_	С	Net income or (loss) from sales	of inventory _			5,634,857.		The second
		Miscellaneous Revenue		Business Code			Angelog (1997)	1
1	11 a	MISCELLANEOUS RE	VENUE	900099	106,525.			106,52
	b							
	C							
	d	All other revenue						<u> </u>
	e	Total. Add lines 11a-11d	,)	106,525.	Marketine (1964)		
•	12	Total revenue. See instructions.		.	7.587.817.	6,280,272.	0.	351,500

Form 990 (2015) INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons of 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	182,934.	182,934.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	And the second s			
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	151,283.		151,283.	
_	trustees, and key employees	131,203		101,200.	
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	3,284,576.	2,603,621.	311,366.	369,589
, 8	Pension plan accruals and contributions (include	3,201,3700			
5	section 401(k) and 403(b) employer contributions)	396,181.	361,763.	16,286.	18,132
9	Other employee benefits	490,075.	389,740.	48,399.	51,936
0	Payroll taxes	305,452.	241,553.	34,865.	29,034
1	Fees for services (non-employees):				
a	Management				
b		1,759.		1,759.	
C		18,962.	18,223.	375.	364
d					
e	Don't Color of Color State of Color Dest NY New 47				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	265,246.	191,679.	73,174.	393
2	Advertising and promotion		665 646	= 000	50 646
3	Office expenses	373,522.	293,613.	50,293.	29,616
4	Information technology				
5	Royalties	252 (21	365 775	3,563.	3,293
6	Occupancy	372,631.	365,775.	3,303.	3,493
7	Travel				
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials	184,247.	144,988.	29,896.	9,363
9	Conferences, conventions, and meetings	104,447.	144,700.	25,050.	J, 303
0	Interest				
:1	Payments to affiliates Depreciation, depletion, and amortization	378,898.	373,616.	2,519.	2,763
2	,	120,898.	105,097.	15,071.	730
3	Other expenses. Itemize expenses not covered				
-	above, (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	TATORAMETERS / A DIDERCE A MEONT	747,938.	746,564.	899.	475
b	CITABLE TEC	236,281.	230,573.	3,220.	2,488
c	OMITED TOTOTALORS	29,717.	11,329.	18,333.	55
d	DAD DEDE ESTREMAN	26,092.	24,116.	0.	1,976
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	7,566,692.	6,285,184.	761,301.	520,207
6	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)				

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		_
Form 990 (I.
Part X	Balance	Sheet

ar	tΧ	Balance Sheet					
		Check if Schedule O contains a response or note	e to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,816,598.	1	3,357,254.
		Savings and temporary cash investments			57,280.	2	40,333.
		Pledges and grants receivable, net			64,043.	3	68,167.
		Accounts receivable, net			20,297.	4	30,297.
	5	Loans and other receivables from current and fo	rmer offic	ers, directors,			
		trustees, key employees, and highest compensa	ted empl	oyees. Complete			
- 1		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sections					
22		employees' beneficiary organizations (see instr).	Complete	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use			251,162.	8	272,830
1	9	Prepaid expenses and deferred charges	.,		143,200.	9	160,418
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	14,869,824.		15 13 13	0.440.504
	b	Less: accumulated depreciation	10b	6,427,243.	8,181,633.	10c	8,442,581
	11	Investments - publicly traded securities	4,710,584.	11	5,075,746		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	702 022	14	712 244		
	15	Other assets. See Part IV, line 11			703,922. 17,948,719.	15	713,344 18,160,970
	16	Total assets. Add lines 1 through 15 (must equ				16	976,697
	17	Accounts payable and accrued expenses			1,048,096.		370,037
	18	Grants payable	33,979.	18	49,442		
	19	Deferred revenue		33,313.	19	47,442	
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to current and former					
Ħ		key employees, highest compensated employee			A service of the serv	22	e de la propriate de la compresión de la c
Liabilities		Complete Part II of Schedule L				23	
_	23	Secured mortgages and notes payable to unrela				24	<u> </u>
	24	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pa					
	25	parties, and other liabilities not included on lines			,		
		01.11.5				25	
	26	***************************************			1,082,075.	26	1,026,139
	20	Organizations that follow SFAS 117 (ASC 958					
		complete lines 27 through 29, and lines 33 an		11010 9 12-1			
ces	27	Unrestricted net assets			15,222,882.	27	15,400,618
a	28	Temporarily restricted net assets	352,200.		382,795		
8	29	Permanently restricted net assets	1,291,562.		1,351,418		
pur	2	Organizations that do not follow SFAS 117 (A					
ī		and complete lines 30 through 34.	Partie and the second				
9	30	Capital stock or trust principal, or current funds			30		
sei	31	Paid-in or capital surplus, or land, building, or ed				31	
	, J.	. ,		32			
t As	32	Retained earnings, endowment, accumulated in	1	1 02			
Net Assets or Fund Balances	32 33	Retained earnings, endowment, accumulated in Total net assets or fund balances			16,866,644.		17,134,831

GIRL SCOUTS OF OREGON & SW WASHINGTON,

Form	990 (2015) INC.	93-0	399051	Pag	e 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		. 1			_
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,587		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,566		
3	Revenue less expenses. Subtract line 2 from line 1		, 12		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,866		
5	Net unrealized gains (losses) on investments	5	247	,00	<u>52.</u>
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	17,134	, 81	<u> 31.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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 the			Villa I	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	NI MARKET		MARKET.
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L
			Form	990 ((2015)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

GIRL SCOUTS OF OREGON & SW WASHINGTON, Employee

2015

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

93-0399051

INC .

Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions.

		11000011 IOI 7 GBITO G	mainly oldino	iii organizations must oc	anpice an	o par <i>,</i> 000	o in later doctor for						
The	organ	zation is not a private founda	ation because it is: (F	or lines 1 through 11, cl	neck only o	ne box.)							
1		A church, convention of chu					(A)(i).						
	\Box	A school described in section					16. ACA.						
2				•			1						
3		A hospital or a cooperative l						ha haanitalla nama					
4	Ш	A medical research organiza	ation operated in con	junction with a nospital	aescribea	in section	1 17 0(α)(1)(A)(III), Effici	ne nospital s name,					
		city, and state:						1.					
5		An organization operated fo	or the benefit of a coll	ege or university owned	or operate	ed by a gov	ernmental unit describe	d in					
		section 170(b)(1)(A)(iv). (C	omplete Part II.)										
6		A federal, state, or local gov	ernment or governm	ental unit described in	section 17	O(b)(1)(A)(v).						
7	X	An organization that normal	lly receives a substar	itial part of its support fr	om a gove	rnmental u	mit or from the general p	ublic 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.)											
9	A community that described in section 176(b) (1/A)(v). (Complete Factor) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from												
IJ	Li	activities related to its exem											
		income and unrelated busin		(less section 5 i i tax) iro	ın pusines	ses acquir	eu by the organization a	ter ourie ou, 1975.					
		See section 509(a)(2). (Cor					** ***						
10		An organization organized a	•		-								
11		An organization organized a											
		more publicly supported org						heck the box in					
		lines 11a through 11d that of	describes the type of	supporting organization	and comp	olete lines	11e, 11f, and 11g.						
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted orga	nization(s), typically by o	jiving					
		the supported organization	on(s) the power to reg	jularly appoint or elect a	majority o	f the direc	tors or trustees of the su	pporting					
		organization. You must c											
b		Type II. A supporting orga	• '		ion with its	s supporte	d organization(s), by hav	ing					
_	· L	control or management or											
		organization(s). You mus					gp.						
		Type III functionally inte	•		in connect	ion with a	nd functionally integrate	d with					
C	;							u with,					
		its supported organization		-				-4:(-)					
C	· L	Type III non-functionally											
		that is not functionally int						eness					
		requirement (see instructi	•	•									
e	, [Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III						
		functionally integrated, or	r Type III non-functior	nally integrated supporti	ng organiz	ation.							
1	Ente	er the number of supported o											
	Pro	vide the following information	n about the supporte	d organization(s).									
		i) Name of supported	(ii) EIN	(III) Type of organization	(iv) Is the o		(v) Amount of monetary	(vi) Amount of					
		organization		(described on lines 1-9	listed i		support (see	other support (see					
				above (see instructions))	Yes	No	instructions)	instructions)					
			-		1								
]										
_													
Tot	a l												

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	725,482.	636,015.	665,714.	859,916.	956,039.	3843166.
2	Tax revenues levied for the organ-						
	ization'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	725,482.	636,015.	665,714.	859,916.	956,039.	3843166.
	The portion of total contributions		Visita in Visita in Inc.				
•	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,						
							290,778.
•	Public support. Subtract line 5 from line 4.						3552388.
	etion B. Total Support	100000000000000000000000000000000000000	500 A 50				
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	725,482.	636,015.	665,714.	859,916.	956,039.	3843166.
	Gross income from interest,	72072021	000,010				
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	88 726	191 436.	190 157.	206,984.	279.496.	956,799.
_	Net income from unrelated business	00,720.	131,430.	150,15,1	200/3021	2,0,200	
9							
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	105 500	12/ 111	312 011	135,366.	93,572.	780,569.
	assets (Explain in Part VI.)	103,309.	134,111.	312,011.	133,300.	33,372.	5580534.
	Total support. Add lines 7 through 10	property professional	- Andreas (Alphenia and Ale	Personal Conf. Contract Accepts	- Control of the Cont	12 48	,946,794.
12						······	, 340, 134.
13	First five years. If the Form 990 is fo						
800	organization, check this box and stoction C. Computation of Publ	p here					
				- L (D)		14	63.66 %
	Public support percentage for 2015 (59.84 %
	Public support percentage from 2014					15	
16a	33 1/3% support test - 2015. If the						L 177
	stop here. The organization qualifies						
Ł	33 1/3% support test - 2014. If the						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
t	10% -facts-and-circumstances test						
	more, and if the organization meets t						9
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sch	edule A (Form 990	or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 INC.

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513	!					
A	Tax revenues levied for the organ-						
4	ization's benefit and either paid to	1					
	or expended on its behalf	ļ					
_		:				 	
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					<u></u>	
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties			•			
	and income from similar sources	:					
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses			1		1	
	acquired after June 30, 1975			1			
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
-	or loss from the sale of capital				į		
40	assets (Explain in Part VI.)	· · ·					
	Total support. (Add lines 9, 10c, 11, and 12.)	L		I F II - COL A			A:
14	First five years. If the Form 990 is fo	•					L
~	check this box and stop here	ia Cumpart Day	· · · · · · · · · · · · · · · · · · ·				
	ction C. Computation of Publ					1.5	n/
	Public support percentage for 2015 (15	<u>%</u>
	Public support percentage from 2014					16	<u>%</u>
_	ction D. Computation of Inves			40			
	Investment income percentage for 2					1 1	<u>%</u>
18	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box a						
Ł	33 1/3% support tests - 2014. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	>

Supporting Organizations

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

Section A. All Supporting Organizations

- 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 11a or 11b 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?
- 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.
- 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).
- 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
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		\$435A
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3a		
3b	939	
_	3,34,335	2444447
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4a	(2000-000)	V254 (A)
4h		834
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4c	1001100	\$364\$\$\frac{1}{2}\$
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5c		
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that these activities constituted substantially all of its activities.
Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in *Part VI the role played by the organization in this regard.*

gard. 3b | Schedule A (Form 990 or 990-EZ) 2015

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GIRL SCOUTS OF OREGON & SW WASHINGTON,

Schedule A (Form 990 or 990-EZ) 2015 INC.	- 0		3-0399051 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			- *: All
1 Check here if the organization satisfied the Integral Part Test as a qualifyin			ctions. All
other Type III non-functionally integrated supporting organizations must co Section A - Adjusted Net Income	ompiete Se	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
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,	4		
see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
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-functional	ally-integrat	ed Type III supporting organ	nization (see
instructions).	. •		

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Current Year Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount Underdistributions Distributable **Excess Distributions** Pre-2015 Amount for 2015 Section E - Distribution Allocations (see instructions) Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015: h d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) i Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2015 from Section D, a Applied to underdistributions of prior years **b** Applied to 2015 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see Excess distributions carryover to 2016. Add lines 3j and 4c. Breakdown of line 7: c Excess from 2013 d Excess from 2014 e Excess from 2015

Schedule A (Form 990 or 990-EZ) 2015

GIRL SCOUTS OF OREGON & SW WASHINGTON,

Schedule A	(Form 990 or 990-EZ) 2015 INC.	93-U399U51 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, lir Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; P line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete (See instructions.)	ne 10; Part II, line 17a or 17b; Part III, line 12; art IV, Section B, lines 1 and 2; Part IV, Section C, 3b; Part V, line 1; Part V, Section B, line 1e; Part V, this part for any additional information.
	Coe moderations.	
		
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Schedule of Contributors

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

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

OMB No. 1545-0047

2015

Name of the organization

GIRL SCOUTS OF OREGON & SW WASHINGTON, INC.

Employer identification number

93-0399051

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 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
Note. O	nly a section 501(c)(covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules				
X	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.			
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.			
	year, contributions is checked, enter h purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box were the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \$			
but it m	u st answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

GIRL SCOUTS OF OREGON & SW WASHINGTON,

93-0399051

TINC.			<u> </u>
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 164,483.	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		\$\$7,000.	Person X Payroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 28,000.	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		\$ 84,760.	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		\$\$	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		\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

GIRL SCOUTS OF OREGON & SW WASHINGTON,

Employer identification number

INC.

93-0399051

Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7_		\$ 25,000.	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		
8		\$ 69,750.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9		\$ 30,750.	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		
10		\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11		\$ 22,209.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization GIRL SCOUTS OF OREGON & SW WASHINGTON, INC.

Employer identification number

93-0399051

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2111			
		\$	
(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
		\$	Market 11 vol. 1
(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
		\$	990, 990-EZ, or 990-PF) (2

ame of organ FIRL SC	nization COUTS OF OREGON & SW WA	SHINGTON.	Employer identification number			
NC.			93-0399051			
Part III	Aboungs from any and confeitures. Complete C	alian and har tal dariantitel el and the	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations			
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additiona	, charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) > \$			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_						
-						
		(e) Transfer of git	Pt			
		()				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
-						
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-			A A A A A A A A A A A A A A A A A A A			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(b) ruspose of gift	(o) ode of give				
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	(e) Transfer of gift					
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	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
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		<u> </u>				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	Marie III.					
		(-)	21			
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	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			
ļ		(e) Transfer of g	ift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
-						
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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization

GIRL SCOUTS OF OREGON & SW WASHINGTON,

Employer identification number 93-0399051

OMB No. 1545-0047

Par	t I Organizations Maintaining Donor Advised	l Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a hi	storically important land area
	Protection of natural habitat	Preservation of a co	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
d	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d			I I
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year >		
4	Number of states where property subject to conservation eas	ement is located	_
5	Does the organization have a written policy regarding the peri		f
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
	•		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conser-	vation easements during the year
	▶\$	-	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat		
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		
b			ent and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	·	•
	(i) Revenue included on Form 990, Part VIII, line 1		
	• •	,,,	
2	If the organization received or held works of art, historical trea		
~	the following amounts required to be reported under SFAS 1:		5 71
_	5 000 D 13/03 P 4		> \$
a	Assets included in Form 990, Part X		

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

532051 11-02-15

GIRL SCOUTS OF OREGON & SW WASHINGTON,

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Cootinoued	Sche	dule D (Form 990) 2015 INC.						99051	
check all that apply :	Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	r Similar	Assets	(continu	ed)
a	3	Using the organization's acquisition, accessi	on, and other records	, check any of the fe	ollowing that are a s	ignificant u	se of its c	ollection it	ems
b Scholarly research e		(check all that apply):							
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive denations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Excrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.	а	Public exhibition	d	Loan or excl	nange programs				
4 Provide a description of the organization's collections and explain how they further the organization's exampt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds at the train to be mentalined as part of the organization's collection? Part VI Escrow and Custodial Arrangements. Complete if the organization answered "Yes" or Form 990, Part KV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b if "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ Amount 1c	þ	Scholarly research e Other							
Soluting the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, further, custodial or orther intermediary for contributions or other assets not included on Form 990, Part X? Yes No If 'Yes," explain the arrangement in Part XIII and complete the following table: Amount 1d	¢	Preservation for future generations							
to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 3, or reported an amount on Form 990, Part X, line 21.	4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's exe	mpt purpos	se in Part	XIII.	
Eart IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part IV Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Complete the following table:	5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	ures, or other simila	r assets			
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If Yes,* explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance and Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Beginning of year balance and Squarian							<u>.</u>		No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If Yes,* explain the arrangement in Part XIII and complete the following table: Amount Ic Amount Ic Id Id Id Id Id Id Id	Par			te if the organization	n answered "Yes" o	n Form 990	, Part IV,	line 9, or	
on Form 990, Part X7 b If *Yes, * explain the arrangement in Part XIII and complete the following table:									
C Beginning balance C Amount Ic C C C C C C C C C	1a						_	_	
d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 4 Describtor in Part XIII. Check here if the explanation has been provided on Part XIII. 5 Describtor in Part XIII. Check here if the explanation has been provided on Part XIII. 6 Describtor in Part XIII. Check here if the explanation has been provided on Part XIII. 7 Part V Endowment Funds. Complete if the organizations enswered "Yes" on Form 990, Part IV, line 10. 8 Describtor in Part XIII. Check here if the explanation has been provided on Part XIII. 9 Describtor in Part XIII. Check here if the explanation has been provided on Part XIII. 10 Describtor in Part XIII. The 10 Described has been provided on Part XIII. 11 Describtor in Part XIII. The 10 Described has been provided on Part XIII. 12 Describtor in Part XIII. The 10 Described has been provided on Part XIII. 13 Describtor in Part XIII. The 10 Described has been provided on Part XIII. 14 Describtor in Part XIII. The 10 Described has been provided on Part XIII. 15 Describtor in Part XIII. The 10 Described has been provided on Part XIII. The 10 Described has been provided on Part XIII. The 10 Described has been provided on Part XIII. The 10 Described has been provided on Part XIII. The 10 Described has been provided on Part XIII. The 10 Described has been provided on Part XIII. The 10 Described has been provided on Part XIII. The 10 Described has been provided on Part XIII. The 10 Described has been provided on Part XIII. The 10 Described has been provided on Part XIII. The 10 Described has been provided on Part XIII. The 10 Described has been provided by Part XIII. The 10 Described has been provided by Part XIII. The 10 Describ							L	_ Yes	No
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1									
1a Beginning of year balance 1,435,015. 1,473,497. 1,399,571. 1,308,531. 1,170,072. b Contributions 50,434. 78,624. 42,248. 47,982. 32,177. c Net investment earnings, gains, and losses of Grants or scholarships 58,974. -98,389. 56,012. 55,569. 118,766. e Other expenditures for facilities and programs 25,258. 18,717. 24,334. 12,511. 12,484. f Administrative expenses and for year balance 1,519,165. 1,435,015. 1,473,497. 1,399,571. 1,308,531. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 11.42.% 11.42.% <t< th=""><th>Par</th><th>TV Endowment Funds. Complete</th><th></th><th></th><th></th><th></th><th></th><th>Ι</th><th></th></t<>	Par	TV Endowment Funds. Complete						Ι	
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a Board designated or quasi-endowment ▶ 11.42 % b Permanent endowment ▶ 88.27			L,		•	1,3	99,5/1.	1,3	08,531.
b Permanent endowment ▶ 88.27) held as:				
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The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iv) x (iv) related organizations (iv) related organizations (iv) x (iv) related organizations (iv) related organizations (iv) related organizations (iv) relat									
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Signature Sign	_		•						
(i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b	За		ssion of the organiza	tion that are neid an	a administered for t	ne organiza	ition	r,	
(ii) related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b X 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 1,933,984. 1,933,984. 1,933,984. b Buildings 11,187,830. 5,090,827. 6,097,003. c Leasehold improvements 1,672,892. 1,279,550. 393,342. e Other 75,118. 56,866. 18,252.									
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Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 1,933,984. 1,933,984. 1,933,984. b Buildings 11,187,830. 5,090,827. 6,097,003. c Leasehold improvements 1,672,892. 1,279,550. 393,342. e Other 75,118. 56,866. 18,252.									
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1a Land 1,933,984. 1,933,984. b Buildings 11,187,830. 5,090,827. 6,097,003. c Leasehold improvements 1,672,892. 1,279,550. 393,342. e Other 75,118. 56,866. 18,252.		Description of property	, , ,	, ,			iu	(a) book	value
b Buildings 11,187,830. 5,090,827. 6,097,003. c Leasehold improvements 1,672,892. 1,279,550. 393,342. e Other 75,118. 56,866. 18,252.		land	`		<u>` </u>	-p.colation	45,745	1 933	984
c Leasehold improvements d Equipment 1,672,892. 1,279,550. 393,342. e Other 75,118. 56,866. 18,252.						በዓበ ድኅ	27		
d Equipment 1,672,892. 1,279,550. 393,342. e Other 75,118. 56,866. 18,252.				++,+0	,,000. J,	000,02	- ' • -	0,001	,003.
e Other 75,118. 56,866. 18,252.			ŧ	1 67	2 892 1	279 5	50.	202	342
	***************************************					20,00			

Schedule D (Form 990) 2015

	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 11e or 11f. See Fo	rm 990, Part X, line 25.
1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		·	
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	>	

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

Schedule D (Form 990) 2015

532053 09-21-15

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GIRL SCOUTS OF OREGON & SW WASHINGTON

Employer identification number

INC.	oolb of ordoor a b.	* ***			93-0399	051
	Complete if the organization answert.	red "Y	es" on	ı Form 990, Part IV, li	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual ('art VII) or entity in connection with prividuals or entities (fundraisers) pursu	ion of ion of fundra (includ	non-govern ising of ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have di or con contribi	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No	•		
Total		contrib	▶ utions	or has been notified	l it is exempt from re	gistration
or licensing.						
				•		
		,				

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

Schedule G (Form 990 or 990-EZ) 2015

GIRL SCOUTS OF OREGON & SW WASHINGTON,

Sch Pa		e G (Form 990 or 990-EZ) 2015 INC. Fundraising Events. Complete if the of fundraising event contributions and groups and groups.				, line 18, or reported	
		or unuralsing event contributions and gro	(a) Event #1 ANNUAL LUNCHEON (event type)	(b) Event #2		(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue		Gross receipts	147,013.	3,00			147,013.
Be	1	Gross receipts					
	2	Less: Contributions	138,888.				138,888.
	3	Gross income (line 1 minus line 2)	8,125.				8,125.
	4	Cash prizes				• • • • • • • • • • • • • • • • • • • •	
	5	Noncash prizes					
Direct Expenses	6	Rent/facility costs					
rect Ex	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses					21,078.
	10 11	·					-12,953.
Revenue		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/inst bingo/progressive l		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
_	1	Gross revenue					
ses	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs	,				
	5	Other direct expenses			a. F		
	6	Volunteer labor	Yes% No	Yes No	_ % L	Yes No	%
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			>	—————————————————————————————————————
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)				
	ı İs	ter the state(s) in which the organization cond the organization licensed to conduct gaming a 'No," explain:	ctivities in each of these	states?			
		ere any of the organization's gaming licenses r 'Yes," explain:				ır?	Yes No
5320	 B2 0	9-14-15				Schedule G (I	Form 990 or 990-EZ) 2015

532082 09-14-15

GIRL SCOUTS OF OREGON & SW WASHINGTON,

Sch	edule G (Form 990 or 990-EZ) 2015 INC. 93	-0399	051	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			
	to administer charitable gaming?	. \square	Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	13a		<u>%</u>
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗀	Yes	No No
t	o if "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party >\$			
C	: 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			
17	Mandatory distributions:			
	sthe organization required under state law to make charitable distributions from the gaming proceeds to			
•	retain the state gaming license?		Yes	No
ł	no 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 II 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	, lines 9,	9b, 10	b, 15b,
	•			
			•	
	·			

GIRL SCOUTS OF OREGON & SW WASHINGTON, 93-0399051 Page 4 Schedule G (Form 990 or 990-EZ) INC. Part IV Supplemental Information (continued)

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

► Attach to Form 990.

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

Open to Public 2015 OMB No. 1545-0047

Employer identification number Inspection

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93-0399051 records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection GIRL SCOUTS OF OREGON & SW WASHINGTON, General Information on Grants and Assistance INC.

Vos			γı
×			21, for an
DOES THE ORGANIZATION HISTORIAN TO SUBSTANTIATE THE ALTROPHY OF ASSISTANCE, AND ASSISTANCE, AN	criteria used to award the grants of assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any

	Average of the state of the sta	(h) Purpose of grant or assistance	
	The state of the s	(g) Description of non-cash assistance	
		(f) Method of valuation (book, FMV, appraisal, other)	
1	ed.	(a) Amount of cash grant assistance	
	olicated if additional space is needed.	(d) Amount of cash grant	***************************************
	be duplicated if addition	(c) IRC section if applicable	CONTRACTOR OF THE PARTY OF THE
•	5,000. Part II can	(b) EIN	The state of the s
hmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm	recipient that received more than \$5,000. Part II can be duplic	1 (a) Name and address of organization or government	The state of the s

Schedule I (Form 990) (2015)	The state of the s				table ons for Form 990.	s listed in the line 1 , see the Instruction	3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
				line 1 table	anizations listed in the	nd government org	1
And the state of t							
		1					
	i i i i i i i i i i i i i i i i i i i	o de Articular de la constanta					
			And a service of the	al Association of the Contract		in the second se	
A CONTRACTOR AND A CONT		A Andrewson Control					
or assistance	non-cash assistance	valuation (book, FMV, appraisal, other)	, non-cash assistance	cash grant	if applicable		or government

GIRL SCOUTS OF OREGON & SW WASHINGTON,

Page 2

93-0399051

INC.

Schedule I (Form 990) (2015)

Part III

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

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) THAT GIRLS ARE ABLE TO PARTICIPATE IN ACTIVITIES AND PROGRAMS THAT THEY MAY Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. THE ORGANIZATION PROVIDES NUMEROUS SMALL GRANTS TO GIRLS AND PAYMENTS ON BEHALF OF GIRLS UNDER VARIOUS PROGRAMS TO PROVIDE INCENTIVES AND ENSURE ċ ö o. (d) Amount of non-cash assistance ٠. 20,518. 110,697. 14,165 37,554 (c) Amount of cash grant 610 (b) Number of recipients 2504 143 433 NOT OTHERWISE BE ABLE TO AFFORD (a) Type of grant or assistance SUPPLY AND UNIFORM ASSISTANCE RESIDENT CAMP ASSISTANCE PART I, LINE 2: MEMBERSHIP ASSISTANCE PROGRAM ASSISTANCE

532102 10-28-15

Schedule I (Form 990) (2015)

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.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

GIRL SCOUTS OF OREGON & SW WASHINGTON, INC.

Employer identification number 93-0399051

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
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		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
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 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	Receive a severance payment or change-of-control payment?	4a		X
b		4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	(40)		
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.	A SECTION AND A		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b		6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1000	i da i	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	L	Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	15/10		
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2015

INC.

Schedule J (Form 990) 2015

93-0399051

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 are not listed on Form 990, Part VII.

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

		(B) Breakdown of W-2 and	/or 1099-MISC	-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base (ii) E compensation comp	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)·(J)(B)	in column (B) reported as deferred on prior Form 990
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Schedule J (Form 990) 2015

Part III Supplemental Information

Schedule J (Form 990) 2015	· · · · · · · · · · · · · · · · · · ·	TO THE PROPERTY OF THE PROPERT
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SCHEDULE O

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

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.

2015
Open to Public Inspection

Internal Revenue Service

Name of the organization

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

GIRL SCOUTS OF OREGON & SW WASHINGTON, Emplo

Employer identification number 93-0399051

INC. 93-0399031
FORM 990, PART VI, SECTION A, LINE 6:
MEMBERS PAY DUES FOR MEMBERSHIP OF GIRL SCOUTS USA AND BASED ON THIS
MEMBERSHIP ARE ELIGIBLE TO PARTICIPATE IN LOCAL PROGRAMS.
FORM 990, PART VI, SECTION A, LINE 7A:
THE OFFICERS AND BOARD MEMBERS ARE ELECTED BY DELEGATES REPRESENTING THE
MEMBERSHIP AT THE ANNUAL MEETING OF THE MEMBERSHIP.
FORM 990, PART VI, SECTION A, LINE 7B:
DELEGATES OF MEMBERSHIP ANNUALLY VOTE ON APPOINTMENT OF BOARD MEMBERS AND
BY-LAW CHANGES, IF ANY.
FORM 990, PART VI, SECTION B, LINE 11:
A DRAFT COPY OF FORM 990, WHICH HAS BEEN APPROVED BY THE AUDIT AND FINANCE
COMMITTEES, IS PROVIDED VIA EMAIL TO THE GOVERNING BOARD.
FORM 990, PART VI, SECTION B, LINE 12C:
COUNCIL POLICY DICTATES THAT ALL BOARD MEMBERS AND STAFF MEMBERS WILL HAVE
A SIGNED CONFLICT OF INTEREST STATEMENT ON FILE.
FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER IS REVIEWED AND APPROVED BY
THE BOARD CHAIR, WHO CONSULTS WITH OTHER INDIVIDUAL MEMBERS OF THE BOARD'S
EXECUTIVE COMMITTEE PRIOR TO APPROVAL. THE COUNCIL CONSIDERS COMPARABILITY
DATA OBTAINED FROM PERIODIC SALARY SURVEYS AND LOCAL COMMUNITY RESOURCES.

Schedule O (Form 990 or 990-EZ) (2015)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. $^{532211}_{09\cdot02\cdot15}$

Form **8868**

(Rev. January 2014)

Department of the Treasury

Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 •

OMB No. 1545-1709

- 10					<u>t</u>	
	re filing for an Automatic 3-Month Extension, complet					X
If you ar	re filing for an Additional (Not Automatic) 3-Month Ext					
Do not coi	mplete Part II unless you have already been granted a	n automat	ic 3-month extension on a previous	ly filed Forr	n 8868.	
Electronic	c filing (e-file) . You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tin	ne to file (6	months for a corp	ooration
required to	o file Form 990-T), or an additional (not automatic) 3-mor	ıth extensi	on of time. You can electronically fi	e Form 88	68 to request an o	extension
of time to	file any of the forms listed in Part I or Part II with the exc	eption of l	Form 8870, Information Return for T	ransfers A	ssociated With Ce	ertain
Personal E	Benefit Contracts, which must be sent to the IRS in pape	er format (s	see instructions). For more details o	n the electi	ronic filing of this	form,
visit _{WWW.}	irs.gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time.		ubmit original (no copies ne	eded).		
A corpora	tion required to file Form 990-T and requesting an auton					
Part I only						
All other c	orporations (including 1120-C filers), partnerships, REMI				on of time r's identifying nu	ımher
Type or	Name of exempt organization or other filer, see instruc	ctions			identification nur	
print	GIRL SCOUTS OF OREGON & SW		NGTON.	_,,,,,,,,,,,		(=,
Pi III.	INC.		,		93-03990	51
File by the due date for	Number, street, and room or suite no. If a P.O. box, se	e instruct	ions.	Social se	curity number (SS	
filing your	9620 SW BARBUR BLVD.					,
return. See instructions.	City, town or post office, state, and ZIP code. For a fo	reign addr	ress, see instructions.			
	PORTLAND, OR 97219-6041					
Enter the I	Return code for the return that this application is for (file	a separat	e application for each return)	· · · · · · · · · · · · · · · · · · ·		0 1
Application	nn	Return	Application			Return
Is For	511	Code	Is For			Code
	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-		02	Form 1041-A			08
	0 (individual)	03	Form 4720 (other than individual)			09
Form 990-		04	Form 5227		No.	10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	T (trust other than above)	06	Form 8870			12
	HARMONY GEORGE	•				
• The bo	oks are in the care of > 9620 SW BARBUR	BLVD.	- PORTLAND, OR 9'	7219-6	041	
	one No. ► (503) 977-6800		Fax No. ▶		,	
	rganization does not have an office or place of business	in the Uni				
	s for a Group Return, enter the organization's four digit (, check this
box ▶ 「	. If it is for part of the group, check this box	-	ch a list with the names and EINs o			
1 I rec	quest an automatic 3-month (6 months for a corporation		o file Form 990-T) extension of time	until		
	MAY 15, 2017 to file the exemp	t organiza	tion return for the organization nam	ed above.	The extension	
is fo	or the organization's return for:					
is fo	or the organization's return for: calendar year or					
▶[, an	d ending SEP 30, 2016		,	
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LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. 523841 04-01-15

Form 8868 (Rev. 1-2014)