Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

20**10**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A F	or th	e 2010	calendar year, or tax year beginning , 2010, and	ending		,	20	
ь.	heck if a		C Name of organization		D Employer id	entification n	umber	
D 0	neck if a	oplicable	GIRL SCOUTS OF WESTERN OHIO		31-0679	9091		
	Addr	ess ge	Doing Business As					
	Nam	e change	Number and street (or P.O. box if mail is not delivered to street address) Room	/suile	E Telephone no	umber	-	
	Initia	return	4930 CORNELL ROAD		(513) 48	9-1025		
	Term	inated	City or town, slate or country, and ZIP + 4		(013) 10	7 1025		
	Ame	nded	CINCINNATI, OH 45242-1804		G Gross receipt	ic \$ 0"	7 400	004
100000		cation	F Name and address of principal officer: BARBARA J. BONIFAS		H(a) is this a grou		7,488,	College Co.
	pend	ing	4930 CORNELL ROAD CINCINNATI, OH 45242-1804		affiliates?	- EST. 196-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Yes	X No
,	Tayo	xempt sta		- T	H(b) Are all affilial		Yes	No
_			atus: X 501(c)(3)	527	+	h a list (see instr		
				*	H(c) Group exemp			
				. Year of forma	ltion: 1965 M	State of legal	domicile:	OH
Fa	πIJ	Sur	nmary					
	1	Briefly	describe the organization's mission or most significant activities:					
æ			SCOUTING BUILDS GIRLS OF COURAGE, CONFIDENCE, A	ND CHARA	ACTER,			
anc		WHO	MAKE THIS WORLD A BETTER PLACE.	3	980.2 (970.002) (9.90.130) (9.90.007)			
Ë								
Governance	2	Check	this box if the organization discontinued its operations or disposed of mor	e than 25% o	of its net assets.			
9	3	Numbe	er of voting members of the governing body (Part VI, line 1a)		Section was the present of the presentation	3		20.
es	4	Numbe	as afficial and delication of the control of the co			4	W. 1978 - 1971 - 1971	20.
Activities &	5		number of individuals employed in calendar year 2010 (Part V, line 2a)			5		246.
Act	6	Total n	number of volunteers (estimate if necessary)		46 Ec El El El 10 1000	6	14	980.
	7 a		reconstructed business reviews from Ded VIIII			7a	11/	500.
	223,455		related business taxable income from Form 990-T, line 34	• • • • • •		7a 7b		
		1101 011	Total of State of Sta	• • • • • •	Prior Year		irrent Ye	<u>. </u>
Revenue	8	Contril	outions and grants (Part VIII, line 1h)	-				
	9	Drogra	outions and grants (Part VIII, line 1h)	• • •	1,810,30		1,555,	
ve	10	Invocto	m service revenue (Part VIII, line 2g)	• • •	856,59		669,	
æ	25 .00	Other	ment income (Part VIII, column (A), lines 3, 4, and 7d)	• • •	123,93		419,	
	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,254,96		3,420,	
	12	Total r	evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,045,79		,065,	
	13	Grants	and similar amounts paid (Part IX, column (A), lines 1-3)		279,93	0.	256,	619.
	14		Is paid to or for members (Part IX, column (A), line 4)					
es	15	Salarie	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,941,37	8. 6	5,977,	010.
ens	16 a	Profes	sional fundraising fees (Part IX, column (A), line 11e)					
Expenses	b	Total fo	undraising expenses (Part IX, column (D), line 25) \blacktriangleright 519,760					-
_	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		3,756,72	8. 3	3,532,	899.
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,978,03	6. 10	,766,	528.
	19	Reven	ue less expenses. Subtract line 18 from line 12		-932,23	9.	298,	673.
or			100 (100 (100 (100 (100 (100 (100 (100	Begi	nning of Current Y	ear E	nd of Yea	r
Net Assets Fund Baland	20	Total a	ssets (Part X, line 16)		33,536,02	0. 34	,277,	373.
As d B	21	Total li	abilities (Part X, line 26)		814,69		390,	
캺	22	Net as	sets or fund balances. Subtract line 21 from line 20		32,721,32	6. 33	,886,	
Pa	rt II		nature Block					
Und	der per	nalties of	perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and	o the best of my kr	nowledge and	belief, it is	true,
COII	eu, a	Т	lete. Declaration of preparer (other than officer) is based on all information of which preparer	nas any knowle	edge.			
S	ign	.	Karley & Kowking		5	- 12-	11	
	ere		Signature of officer		Date	•		
			Barban J. Donitas (EU					
		:	Type or print name and litle					
			ype preparer's name Preparer's populature Da	te	Check if	PTIN		
Paid	i	KE	- I I I I I I I I I I I I I I I I I I I		self-			. a
Prep	oarer	1	TO TO THE PARTY OF	[1-[11	employed >		063207	1
Use	Only	Firm's				14-01602		
Me	th = 10		address > 312 WALNUT STREET, SUITE 3000 CINCINNATI, OH 45202	MARCH 1997	Phone no.	513-621-		
viay	tne II	to disci	uss this return with the preparer shown above? (see instructions)			X	Yes	No

For	n 990 (201	0)	31-0679091	Page 2
Pa	art III	Statement of Program Service Accomplishments Check if Schedule O contains a response to any ques	tion in this Part III	
		describe the organization's mission:		
	GIRL	SCOUTING BUILDS GIRLS OF COURAGE, CO	ONFIDENCE, AND CHARACTER, WHO	
	MAKE	THIS WORLD A BETTER PLACE.		
	Did the			
2	the pric	e organization undertake any significant program se or Form 990 or 990-EZ?	ervices during the year which were not listed on	Yes X No
3	Did the	organization cease conducting, or make significant s?	changes in how it conducts, any program	Yes X No
	If "Yes,	"describe these changes on Schedule O.		0.0000000000000000000000000000000000000
4	Section	the exempt purpose achievements for each of the 501(c)(3) and 501(c)(4) organizations and section 4 ons to others, the total expenses, and revenue, if any	947(a)(1) trusts are required to report the amount of	enses. grants and
		SCOUTS OF WESTERN OHIO, IN AN INCLUS		5,381,499)
		ONMENT, HELPS PREPARE 55,000 GIRL ME		
		LL AS FOR LIVING RESPONSIBLE ADULT I		
	SCOUT	PROGRAM, WHICH INCLUDES TROOP ACTIV TUNITIES, SUMMER CAMP, AND GIRL SCOU	TITIES, PROGRAM	
	OPPOR	TUNITIES, SUMMER CAMP, AND GIRL SCOU	TS IN THE SCHOOL DAY.	
	*			
	\$ 			
	9			
4b	(Code:) (Expenses \$ 888,973. including	grants of \$(Revenue \$	921,577.
		SCOUTS OF WESTERN OHIO WILL SERVE ON		
		REGION WITH A HIGH QUALITY PROGRAM E IRLS WHO WISH TO JOIN HAVE THE OPPOR		
	1.111	THE WHO WISH TO COLUMN HAVE THE CITOR	100111 10 00 30.	
-	(Cada:	\(\(\(\(\) \\ \) \\ \ \ \ \ \ \ \ \ \	rente of the	
80000	(Code:) (Expenses \$ 2,400,226, including of SCOUTS OF WESTERN OHIO WILL HELP PRE		,390,066.
		'S WORLD THROUGH RECRUITMENT, SCREEN		
		DIVERSE CORE OF 15,000 VOLUNTEERS, W		***************************************
		GH THE DELIVERY OF THE GIRL SCOUT PR		

-				
		rogram services. (Describe in Schedule O.)) (D	
-	(Expen) (Revenue \$	
40	rotal p	rogram service expenses ► 8,889,724.		5 2000 01 25 25 25 25 25 25 25 25 25 25 25 25 25

Part	IV Checklist of Required Schedules			<u> </u>
		3.946.4	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes."			Γ
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues.		8	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	100		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; 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,"			Š
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	A 18 18 18 18 18 18 18 18 18 18 18 18 18		
	VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—othersecurities in Part X, line 12 that is 5% or more		7.00 N. T.	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		311-12-14-1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV.	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form		1	
	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		X

Par	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes, "complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	Λ	
23				
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
25 a	Section 501(c)(3) and 501(c)(4) 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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes, "complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27	-11-11	
20				
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		liez-en	37
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
200	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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, Parts II, III,			
	IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	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,	i B		
	Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	50		
91	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	S.		
		27		v
20	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
3	19? Note. All Form 990 filers are required to complete Schedule O	38	X agn	

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V	2020 25 30 0		
	, , , , , , , , , , , , , , , , , , , ,	•••	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	5		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable)		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	Eq.		
2	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 246		eter.	Sec. 1
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	arm Author
2.2	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	BARRE	2 10 12	v
Ja h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b		X
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶	-T4		A STATE
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	Destinate st.	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		.,
ч	required to file Form 8282?	7c		X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		10.00	10.504
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	- 1		
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
	Gross income from members or shareholders			
J	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1000000
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	TEG		9775
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	7		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h		

Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7 for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, of Schedule O. See instructions.	b bei r cha	ow, inge	and s in
	Check if Schedule O contains a response to any question in this Part VI			X
Sect	ion A. Governing Body and Management	-		Λ
		896-7-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20	100		
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 20			1913
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		. 3	100
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Cast	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
40			Yes	No X
10 a	Does the organization have local chapters, branches, or affiliates?	10a		X
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	401		
11.	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	form?	44.	Х	
h	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	41	185
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	17 Tall 66
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	120		
~	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			J.
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Χ	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
Soci	the organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only available for public inspection. Indicate how you make these available. Check all that apply.)		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►GIRL SCOUTS OF WESTERN OHIO 4930 CORNELL ROAD CINCINNATI, OH 45242-	100	4	
	513-489-1025	TO0		

Page 7 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII and Independent Contractors Check if Schedule O contains a response to any question in this Part VII.......

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.

To the control of the		Check this box if neither the organization	on nor any related organization	compensated any current office	r director or trustee
--	--	--	---------------------------------	--------------------------------	-----------------------

(A) Name and Title	(B) Average	Book	(C) Position (check all that app					(D)	(E)	(F)
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) NANCY DAWES										7 (000)
CHAIRPERSON	10.00	X		X				0.	0	0
(2) JODY WAINSCOTT			V							
1ST VICE CHAIR PERSON	2.00	X		X				0.	0.	. 0
(3) SUSAN GANTZ MATZ										
2ND VICE CHAIR PERSON	2.00	X	١,	X				0.	0	. 0
(4) KIMBERLY S AMRINE										
BOARD MEMBER	1.00	Х						0.	ol	. 0
(5) JERRY BROSE										
SECRETARY	1.00	Х		X				0.	0	0
(6) DAVE KYLANDER										
BOARD MEMBER	1.00	Х						0.	0	0
(7) MARJORIE HOUCK										
BOARD MEMBER	1.00	Х						0.	0	0
(8) KAREN HUELSMAN										
BOARD MEMBER	1.00	Х						0.	ol	. 0
(9) CATHERINE INGRAM										
BOARD MEMBER	1.00	Х						0.	o.l	. 0
(10)ELLEN IOBST		A.2000						//2		
BOARD MEMBER	1.00	Х						0.	ol	. 0
(11)ANN HARTMANN										
BOARD MEMBER	1.00	Х						0.	ol	. 0
(12)MARY ANN KNOOP										
BOARD MEMBER	1.00	Х						0.	0	0
(13)KATHRYN K MCMULLEN								Ů.		
BOARD MEMBER	1.00	Х						0.	ol	0
(14)CAROL S SANDERS										
BOARD MEMBER	1.00	Х						0.	0.	0
(15)CHERYL TYLER-FOLSOM						10 1000		0.	0	
BOARD MEMBER	1.00	Х						0.	0	0
(16)CHRISTI M WEST								Ŭ.		
BOARD MEMBER	1.00	Х						0.	ol	0
		10.0						<u> </u>	0	- 000

Form 990 (2010)

Form 990 (2010)						Ę		31-0679091			Page 8
Part VII Section A. Officers, Directors, Tr	ustees, K	ey Er	nplo	руе	es,	and	Hig	hest Compensa	ted Employee:	(continue	ed)
(A) Name and title	(B) Average		tion (d	check		hat app		(D) Reportable	(E) Reportable	1000	(F) stimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fr org. and	nount of other pensation om the anization drelated anizations
(17) KIM TURCO TREASURER	1.00	Х		Х				0.).	0
(18) KERRY W. ROE BOARD MEMBER	1.00	Х				92		0.			0
(19) BARBARA BONIFAS	2.00							0.	· ·	, .	0
CHIEF EXECUTIVE OFFICER (20) JANE KRITES	40.00				Х			223,129.	().	28,420.
EXECUTIVE VICE PRESIDENT	40.00					Х		145,272.	()	20,556.
COO COO	40.00					Х		110,085.	().	17,117.
(22) SUSAN OSBORN CHIEF STRATEGY OFFICER	40.00					Х		112,848.	(17,126.
(23)	-										2000
(24)											
(25)											***
(26)											
(27)											
(28)											
1b Sub-total	······						•	591,334.	().	83,219.
d Total (add lines 1b and 1c)							>	591,334.)	83,219.
2 Total number of individuals (including but not lin reportable compensation from the organization			ed al	DOV	e) w	no re	ceiv	ed more than \$100	,000 in		
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	er, directo	or or ch ind	tru <i>lividu</i>	stee	e, 1	key e	emp	loyee, or highest	compensated	3	Yes No
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater th	nan \$	150	,000)?	If "Y	es,	complete Sched	pensation from ule J for such		X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satio	n 1	fron	any	un	related organization	n or individual	5	X
Section B. Independent Contractors							<i>p</i>				L 1.,
1 Complete this table for your five highest compensation from the organization.	compensat	ed in	dep	end	ent	cont	ract	tors that received	i more than \$1	00,000	of
(A) Name and business add	ress							(B) Description of ser	vices	(C) Compens	
							F				
2 Total number of independent contractors (in more than \$100,000 in compensation from the				ited	l to	thos 0	e li	sted above) who	received		

0E1050 1.000

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from la under sections 512, 513, or 514
mounts	1a b c	Federated campaigns 1a Membership dues 1b Fundraising events 1c	1,043,716.				
and other similar amounts	d e f	Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants,	20,226.				
and other	g	and similar amounts not included above . If Noncash contributions included in lines 1a-1f: \$					**************************************
	h	Total. Add lines 1a-1f		1,555,458.			
uge			Business Code				
Program Service Revenue	2a b	PROGRAM SERVICE FEES	713990	669,082.	669,082.		
ım Servi	c d e						
Progra	f g	All other program service revenue Total. Add lines 2a-2f		669,082.			
	3	Investment income (including dividends, interes	100 C C C C C C C C C C C C C C C C C C				
	4	other similar amounts)	oceeds ►	355,642.			355,64
	5	Royalties · · · · · · · · · · · · · · · · · · ·	(ii) Personal				
	6a b	Gross Rents Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss) (i) Securities					
	7a	Gross amount from sales of assets other than inventory 9,210,637.	(ii) Other 6,700.				
	b	Less: cost or other basis and sales expenses 9,129,499.					
	c d	Gain or (loss)		64,162.			64,16
enne	8a	Gross income from fundraising		51/1521			04,10
		events (not including \$ of contributions reported on line 1c).					
Other Ke	b	See Part IV, line 18 a Less: direct expenses b					
5	c 9a	Net income or (loss) from fundraising events Gross income from gaming activities.					
		See Part IV, line 19 a Less: direct expenses b	1				
1	с 10а	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances a					
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory	7,270,608.	9 205 402	2 725 122		
-		Miscellaneous Revenue	Business Code	B, 305, 403.	8,305,403.		A STATE OF THE
1		MISCELLANEOUS	900099	115,454.			115,45
	b c						
	d	All other revenue					
- 1	е	Total. Add lines 11a-11d		115,454.			

0E1051 2 000

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	, 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 governments and				
	organizations in the U.S. See Part IV, line 21	NONE			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	256,619.	256,619.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	251,549.	212,735.	23,306.	15,508
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	5,161,090.	4,364,763.	478,177.	318,150
8	Pension plan contributions (include section 401(k)	.50.001		E-V SATISFACE	
	and section 403(b) employer contributions)	452,294.	382,508.	41,905.	27,881
9	Other employee benefits	708,855.	599,482.	65,676.	43,697
0	Payroll taxes	403,222.	341,007.	37,359.	24,856
1	Fees for services (non-employees):				
	Management	NONE			
	Legal	2,592.	2,286.	269.	37
	Accounting	43,695.	38,536.	4,537.	623
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17	NONE			
f	Investment management fees	72,522.	200 710	72,522.	
	Olher	377,265.	332,719.	39,169.	5,376
2	Advertising and promotion	5,271.	4,649.	547.	75
13	Office expenses	531,520.	468,761.	55,185.	7,574
14	Information technology	NONE			
15	Royalties	NONE	10.5.00		
16	Occupancy	551,437.	486,326.	57,253.	7,858
17	Travel	197,431.	170,820.	23,180.	3,431
18	Payments of travel or entertainment expenses	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	for any federal, state, or local public officials	NONE	15.5		
19	Conferences, conventions, and meetings	177,060.	156,154.	18,383.	2,523
20	Interest	NONE			
21	Payments to affiliates	NONE	000 071	100 000	
22	Depreciation, depletion, and amortization	1,064,302.	883,371.	133,038.	47,893
23	Insurance	336,729.	50,510.	276,117.	10,102
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
_	MISCELLANEOUS	36,385.	1,788.	20 421	4 176
	BAD DEBTS	136,690.	136,690.	30,421.	4,176
	To the second se	130,030.	130,030.	0.	0
c					
d					
e	All other property	~			
	All other expenses	10,766,528.	9 990 724	1 257 044	E10 300
5	Total functional expenses, Add lines 1 through 24f	10,700,320.	8,889,724.	1,357,044.	519,760
26	Joint Costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,552,096.	1	932,131.
	2	Savings and temporary cash investments	728,144.	2	299,538.
	3	Pledges and grants receivable, net	839,732.	3	738,065.
	4	Accounts receivable, net	105,663.	4	34,588.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L	5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons			
		described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of			
		section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
155	8	Inventories for sale or use	238,330.	8	214,032.
Q.	9	Prepaid expenses and deferred charges	94,384.		142,325.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 27, 975, 792.			
	ь	Less: accumulated depreciation		10c	13,867,741.
	11	Investments - publicly traded securities			17,638,144.
	12	Investments - other securities. See Part IV, line 11		12	2.,030,111.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	410,809.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	34,277,373.
	17	Accounts payable and accrued expenses			280,279.
	18	Grants payable			12,595.
	19	Deferred revenue		19	97,775.
	20	Tax-exempt bond liabilities		20	31,113,
ın	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key		21	4 5 - 7 - 7 - 7 - 7 - 7
iig	22	employees, highest compensated employees, and disqualified persons.		3.7	
Ë		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25			390,649.
s	20_	Organizations that follow SFAS 117, check here Innes 27 through 29, and lines 33 and 34.	014,034.	20	330,043.
9	27	Unrestricted net assets	29,736,613.	27	30,745,178.
Balan	28	Temporarily restricted net assets			909,503.
ä	29	Permanently restricted net assets	2,040,692.	29	2,232,043.
Net Assets or Fund		Organizations that do not follow SFAS 117, check here and	2,010,052.	23	2,232,043.
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
at A	32	Retained earnings, endowment, accumulated income, or other funds		32	Section of Contract
ž	33	Total net assets or fund balances	32,721,326.	33	33,886,724.
	34	Total liabilities and net assets/fund balances	33,536,020.	34	34,277,373.

Form **990** (2010)

Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI		X	
1	Total revenue (must equal Part VIII, column (A), line 12)	11,0	65,2	201.
2	Total expenses (must equal Part IX, column (A), line 25)	10,7	66,5	528.
3	Revenue less expenses. Subtract line 2 from line 1	2	98,6	673.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	32,7	21,3	326.
5	Other changes in net assets or fund balances (explain in Schedule O)	8	66,	725.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))	33,8	86,7	724.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990:			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, 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		1,41	
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a separate basis, consolidated basis, or both:		Œ.	
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	ourore est	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See

► See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

GIRL S	COUTS OF WESTE	ERN OHIO							31-	-0679091	
Part I	Reason for Publ	ic Charity Statu	s (All organizations mu	st con	nplete	this pa	ırt.) Se	e instru	uctions.		
The orga	nization is not a priva	te foundation beca	use it is: (For lines 1 throu	gh 11,	check	only on	e box.)			*****	
1 🔲	A church, conventio	n of churches, or a	ssociation of churches de	scribed	lin s	section	170(b)(1)(A)(i).			
2	A school described	in section 170(b)(1)(A)(ii). (Attach Schedul	e E.)							
3	A hospital or a coop	erative hospital ser	vice organization describe	ed in	sectio	n 170(b)(1)(A)(iii).			
4	A medical research	h organization ope	erated in conjunction w	ith a l	nospita	I descri	ibed in	sectio	n 170(b)(1)(A)(iii).	Enter the
V200 - M	hospital's name, city				2400 D D						
5	An organization op	erated for the ber	nefit of a college or univ	ersity	owned	or ope	erated l	oy a go	vernme	ntal unit de	scribed in
-	section 170(b)(1)(A		•								
6			governmental unit descri								
7 X	An organization that	at normally receive	es a substantial part of it	s supp	ort fro	m a go	vernme	ental un	it or fro	m the gen	eral public
	described in sectio	n 170(b)(1)(A)(vi).	(Complete Part II.)								
8			on 170(b)(1)(A)(vi). (Com								
9	An organization that	at normally receive	es: (1) more than 33 1/3 %	6 of its	suppo	ort from	contrib	utions,	membe	rship fees,	and gross
			exempt functions - sub								
			ome and unrelated busi						า 511	tax) from I	ousinesses
			e 30, 1975. See section								
10			ed exclusively to test for pu								
11			rated exclusively for the								
			pported organizations de								ee section
		7977K	es the type of supporting					lines 1		1	_
	a Type I	b Type				ally inte	_		. d ∟	Type III -	
e			the organization is not								
			gers and other than one	or mo	re put	olicly su	pported	organ	ızatıons	described	in section
ž	509(a)(1) or section		a dotamination from th	- 100	111-21	·		F 11		***	
f			n determination from th	e iks	that it	is a i	ype i, i	ype II,	or Type	e III suppor	ting
-					 hution	from on					Ш
g	following persons?	oo, has the organi	zation accepted any gift of	COITUI	Dullon	nom an	y or the				
	Separation of the season of th	directly or indire	ctly controls, either alor	ne or	togethe	ar with	nercon	e dosc	ribad in	(ii)	Yes No
			dy of the supported organ					is desc	ibeu in	(II) 11g(i	2000000
	(ii) A family memb			nzauor.		• • • •				11g(i	
		A second second	n described in (i) or (ii) ab	ove?						11g(ii	
h			t the supported organization							· · · [gi	7
	ame of supported	(ii) EIN	(iii) Type of organization	T	is the	(v) Did v	ou notify	(vi)	Is the	(vii) Am	ount of
(.,	organization	(.,,	(described on lines 1-9	organi	zation in listed in	the orga	anization	organiz	ation in	supp	
			above or IRC section (see instructions))	your g	overning iment?		. (i) of upport?		rganized U.S.?		
				Yes	No	Yes	No	Yes	No		
			11								9-8
(A)											
(D)											
(B)											
(C)											
(0)											
(D)		1992	COLLEGE OF CARDET OF PAGES CORRESPONDED								
(E)											

Total						S 1 1 1		741			
		t .		1	1		1				

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

Schedule A (Form 990 or 990-EZ) 2010

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								
Caler	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,009,559.	990,887.	1,971,951.	1,810,306.	1,555,458.	7,338,161.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3	1,009,559.	990,887.	1,971,951.	1,810,306.	1,555,458.	7,338,161.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4.						7.220.464		
	tion B. Total Support		AUTO-SELVENCE CONS.				7,338,161.		
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
7	Amounts from line 4	1,009,559.	990,887.	1,971,951.	1,810,306.	1,555,458.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	364,922.	419,245.	544,885.	290,531.	283,120.	7,338,161. 1,902,703.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . A TCH- 1	41,784.	44,225.	156,449.	94,714.	115,454.	452,626.		
11	Total support. Add lines 7 through 10						9,693,490.		
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	61,009,840.		
13	First five years. If the Form 990 is forganization, check this box and stop here		· · · · · · · ·	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)		
Sec	tion C. Computation of Public Sup								
14	Public support percentage for 2010 (line		ACCOUNT OF THE PARTY OF THE PAR	() /		14	75.70%		
15	Public support percentage from 2009 Se					15	74.68 %		
16a	AND CONTRACTOR OF THE PROPERTY								
	this box and stop here. The organization								
b	33 1/3 % support test - 2009. If the o								
	check this box and stop here. The orga								
17a		eets the "facts-	and-circumstand	ces" test, chec	k this box and	d stop here. Ex	xplain in		
b	or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
18	supported organization	n did not chec	k a box on line			check this box	and see _		
		arman at the second of the second					• • • • • • • • • • • • • • • • • • • •		

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						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Giffs, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's lax-exempt purpose			(c-20-2			
3	Gross receipts from activities that are not an					300 - 100 -	
	unrelated trade or business under section 513					B 0000 37200 01-00	
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge		3				
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	V.					
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						i'
	sources			-			
b	Unrelated business taxable income (less		7. V/100-3 da 6. vida	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business			Value and American	25.000=10	D. CO. DOCUMENTO AND DEST	
	activities not included in line 10b, whether or not the business is regularly						E.
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for						
	organization, check this box and stop here						,▶
Sect	tion C. Computation of Public Sup	-					
15	Public support percentage for 2010 (line 8, co					15	%
16	Public support percentage from 2009 Schedu					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2010 (lin			, column (f))		17	%
18	Investment income percentage from 2009					18	%
19 a	33 1/3 % support tests - 2010. If the org						
	17 is not more than 331/3 %, check this						
b	33 1/3 % support tests - 2009. If the orga						
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	, check this bo	x and see instr	ructions >

Page 4

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

SCHEDULE A, PART II -	OTHER INCOME	<u> </u>		<u> </u>	ATTACHMENT 1	
DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
SPECIAL EVENTS	0.	0.	58,445.	0.	0.	58,445.
OTHER INCOME	41,784.	44,225.	98,004.	94,714.	115,454.	394,181.
TOTALS	41,784	44,225,	156,449.	94,714.	115,454.	452,626

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Name of th	e organization		Employer identification number				
GIRL S	COUTS OF WESTERN	OHIO					
	ti t (abaal, ama).		31-0679091				
Organizai	tion 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 for	undation				
		527 political organization					
Form 990	-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundal	ion				
		501(c)(3) taxable private foundation					
12-01-01-01-01-01-01-01-01-01-01-01-01-01-	20000 F1 - 10 - 10000 F1 - 100 F1						
	y a section 501(c)(7), (8)	ed by the General Rule or a Special Rule. , or (10) organization can check boxes for both the General Rule and a s	Special Rule. See				
General F	Rule						
X	X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.						
Special R	ules						
	sections 509(a)(1) and 1	organization filing Form 990 or 990-EZ that met the 33 1/3 % support to 170(b)(1)(A)(vi), and received from any one contributor, during the year, (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990	a contribution of the				
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year						
Couties							
990-EZ, o	r 990-PF), but it must a	ot covered by the General Rule and/or the Special Rules does not file Sonswer "No" on Part IV, line 2 of its Form 990, or check the box on line He that it does not meet the filing requirements of Schedule B (Form 990, S	of its Form 990-EZ, or on				
For Paperw	ork Reduction Act Notice, see	the Instructions for Form 990, 990-EZ, or 990-PF. Schedul	e B (Form 990, 990-EZ, or 990-PF) (2010)				

Name of organization	GIRL	SCOUTS	OF	WESTERN	OHIO	

Employer identification number

			31-0679091
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1-		\$548,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2_		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3_		\$6,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4 -		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5_		\$6,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution

_ _ 6

(Complete Part II if there is a noncash contribution.)

Person Payroll

Noncash

20,000.

Page	of	of Part I
1 age	OI.	OFFAILE

						<u> </u>		
Name of organization	GIRL	SCOUTS	OF	WESTERN	OHIO		Em	ploy

nployer identification number 31-0679091

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7 _		\$30,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8 _		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9 _		\$ 7,500.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 10 _		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 11 _		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 12 _		\$11,120.	Person X Payroll Noncash (Complete Part II if there is

Name of organization GIRL SCOUTS OF WESTERN OHIO

Employer identification number 31-0679091

			31-0679091
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 13 _		\$9,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 14 _		\$28,285.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 15 _		\$83 <u>,302</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
16		\$100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 17		\$47 <u>,</u> 500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 18 _		\$11,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization GIRL SCOUTS OF WESTERN OHIO

Employer identification number 31-0679091

Part I	Contributors (see instructions)		31 00/3031
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 19 _		\$ 6,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 20 _		\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 21 _		\$10,300.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 22 _		\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 23 _		\$38,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 24 _		\$ 7,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page Name of organization GIRL SCOUTS OF WESTERN OHIO Employer identification number 31-0679091 Part I Contributors (see instructions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution _ 25 Person Payroll 37,250. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution _ 26 Person Payroll 8,950. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution _ 27 Person Payroll 5,000. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. Aggregate contributions Type of contribution _ 28 X Person Payroll 10,000. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution _ 29 X Person Payroll 10,000. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Aggregate contributions No. Name, address, and ZIP + 4 Type of contribution _ 30 X Person Payroll 5,000.

(Complete Part II if there is a noncash contribution.)

Noncash

Name of organization	GIRL	SCOUTS	OF	WESTERN	OHIO

Employer identification number

			31-06/9091
Part I	Contributors (see instructions)		-
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 31 _		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 32 _		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 33 _		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 34 _		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 35 _		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 36 _		\$ <u>7,500.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)

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Name of organization	GIRL SCOUTS	OF WESTERN	OHIO	Employer identification number
				31-0679091

Part I	Contributors (see instructions)		1 - 20 1 - 10 - 10 - 10 - 10 - 10 - 10 -
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 37 _		\$11,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 38 _		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 39 _		\$12,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 40 _		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization Employer identification number GIRL SCOUTS OF WESTERN OHIO 31-0679091 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2. 106. Number of conservation easements on a certified historic structure included in (a) 2c 0. C Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____0. Number of states where property subject to conservation easement is located

1. 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 **>**_____200.__ Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 **▶**\$ _____572.__ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS116 (ASC 958) relating to these items:

Sched	dule D (Form 990) 2010					-0679			Pag	ge 2
Par	t III Organizations Maintaini	ng Collections	of Art, Histo	rical Tr	reasures	s, or O	ther Similar	Assets(continued)	_
3	Using the organization's acquisition collection items (check all that app	in, accession, an	d other record	ds, chec	k any of	the fo	llowing that a	ıre a sigr	nificant use of	its
72		iy).		1		·				
a	Public exhibition		d _		an or exc	nange p	rograms			
Ь	Scholarly research		е		her 					-
C	Preservation for future ger								72 800	
4	Provide a description of the organ XIV.								t purpose in P	art
5	During the year, did the organization	n solicit or receiv	e donations o	f art, hist	torical tre	asures,	or other simila	ar		
	assets to be sold to raise funds rath									No
Par	t IV Escrow and Custodial A line 9, or reported an am	Arrangements. Count on Form 99	Complete if the Port X, lin	ne orgar ne 21.	nization a	answei	red "Yes" to F	Form 99	0, Part IV,	
1a	Is the organization an agent, trustee									
	included on Form 990, Part X?							[Yes 🔲 I	No
b	If "Yes," explain the arrangement in	Part XI V and con	nplete the follo	wing tab	le:					
							Α	mount		_
C	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amo), Part X, line 2	21?				[Yes	No
b	If "Yes," explain the arrangement in								12 1001 1001 1000	
Par	t V Endowment Funds. Con	nplete if organiz	ation answer	ed "Yes	s" to For	m 990,	Part IV, line	10.		
		(a) Current year	(b) Prior ye	ar ((c) Two yea	rs back	(d) Three year	ars back	(e) Four years ba	ck
1a	Beginning of year balance	1,782,501.	1,338,	494.	1,77	7,083.				
b	Contributions	0.	150,	000.		0.				-
C	Net investment earnings, gains,					200				715
	and losses	79,778.	323,	160.	-43	18,589.				
d	Grants or scholarships					1.0102-30				
е	Other expenditures for facilities .									15
	and programs	1,628.	29,	153.		0.				
f	Administrative expenses									_
g	End of year balance	1,860,651.	1,782,	501.	1,33	18,494.	antigram of the			
2	Provide the estimated percentage o	f the y ear end ba								
а	Board designated or quasi-endowm	ent >	%							
b	Permanent endowment ▶ 97.8	3815 %								
С	Term endowment ▶ 2.1185	%								
3a	Are there endowment funds not in the	ne pos session o	f the organizat	ion that a	are held a	ind adm	inistered for th	e		
	organization by:								Yes N	lo
	(i) unrelated organizations								0 (11)	X
	(ii) related organizations									X
b	If "Yes" to 3a(ii), are the related orga								3b	_
4	Describe in Part XIV the intended us	ses of t he organiz	ation's endow	ment fun	ıds.					
Par	t VI Land, Buildings, and Ed	uipmentSee Fo	orm 990, Par	t X, line	10.		****			
	Description of investment		t or other basis vestment)		or other bas other)) Accumulated depreciation	(0	i) Book value	
1a	Land			1,	889,44	2.			1,889,442	2.
b	Buildings				882,40		1,108,051.		5,774,355	
С	Leasehold improvements				757,10				3,757,108	
d	Equipment				- , = 0				0,,0,,100	•
	Other			2.	446,83	6.			2,446,836	<u> </u>
	I. Add lines 1a through 1e. (Column		orm 990. Part X				b		13,867,741	
	<u> </u>		,	,	1-77	-(-)-/		Schede	ile D (Form 990) 20	_
									1 20	

Part VII	Investments - Other Securities. See	Form 990, Part X, line 12	2.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Melhod of valuation: Cost or end-of-year market value
	al derivatives		
	-held equity interests		
(3) Other_			
<u>(A)</u>			
<u>(B)</u>			
(C) (D)			
(E)			
(F)		-	
(G)			
(H)			
(l)		-	
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	F	
Part VIII		Form 990, Part X, line 1	3.
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			coot of sild of year market value
(2)			
(3)			
(4)			
(5)			
(6)	TOTAL BL. (1988) A PARKED O BID WARRAND TO		
(7)			
(8)			
(9) (10)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)	>	
Part IX	Other Assets. See Form 990, Part X		
	Carlot records con com coo, rait re	(a) Description	(b) Book value
(1)		(4) 2 2 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(b) book value
(2)			
(3)			
(4)			
(5)			
(6)			
_(7)			
(8)			
(9)			
(10)			
	n (b) must equal Form 990, Part X, col. (B) line 15.)	V line 05	
Part X 1.	Other Liabilities. See Form 990, Part (a) Description of liability		
	ral income taxes	(b) Amount	
(2)	rai illoome taxes		
(3)			
(4)			
(5)	- All makes and -		
(6)			
(7)			
(8)			的一种,但是可是对于数据基本。
(9)			
(10)			
(11)			
Total. (Colui	mn (b) must equal Form 990, Part X, col. (B) line 2	25.) ▶	
2 EIN 49 /	ASC 740) Footpote In Part XIV provide the	tout of the feetwate to the	

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XIV Supplemental Information (continued)

OTHER EXPENSES INCLUDED IN INCOME

PART XII, LINE 4D & PART XIII, LINE 2D

COST OF GOODS SOLD

7,270,608

LOSS ON DISPOSAL OF FIXED ASSETS

16,976

TOTAL

7,287,584

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

FORM 990, SCHEDULE D, PART V, LINE 4

THE INCOME DERIVED FROM THESE ACCOUNTS ARE USED BY THE ORGANIZATION FOR THEIR OPERATIONS AND SUBSIDIES FOR CAMP REGISTRATION FEES. THERE IS NOT RESTRICTION AT TO USE.

REPORTING METHOD FOR CONSERVATION EASEMENTS

FORM 990, SCHEDULE D, PART II, LINE 9

REPORTED AS A PART OF OVERALL PROPERTY PORTFOLIO AND PROPERTY BUDGET. WE WILL STRUCTURE THE BUDGET TO ALLOW FOR SEPARATE ACCOUNTING IN THE FUTURE.

FIN 48

FORM 990, SCHEDULE D, PART X, LINE 2

THE COUNCIL IS EXEMPT FROM INCOME TAXES UNDER SECTION 501 OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW. HOWEVER, THE COUNCIL IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME. THE COUNCIL'S TAX YEARS STILL SUBJECT TO EXAMINATION BY TAXING AUTHORITIES ARE YEARS SUBSEQUENT TO 2006.

Schedule D (Form 990) 2010

SCHEDULEI (Form 990)

Grants and Other Assistance to Organizations,

OMB No. 1545-0047	0 1 U
	-

	Governments, and Individuals in the United States	2010
Department of the Treasury	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	Open to Public
Internal Revenue Service	► Attach to Form 990.	Inspection
Name of the organization		Employer identification number
GIRL SCOUTS OF WESTERN OHIO	WESTERN OHIO	31-0679091
Part General Inf	Part General Information on Grants and Assistance	
1 Does the organiza	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ssistance, and
the selection criter	the selection criteria used to award the grants or assistance?	No No No
2 Describe in Part IV	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 Governments are 990, Part IV, line 21, for any recipient that relican be duplicated if additional space is needed		and Organizar	tions in the Unite than \$5,000. Che	ions in the United States. Complete if the orga than \$5,000. Check this box if no one recipient i	lete if the organiza one recipient rece	ents and Organizations in the United States. Complete if the organization answered "Yes" to that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part seded	s" to 300. Part
-	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(2)								
(3)								
(4)						2		
(5)								
79)								
(6)								
(10)		10						
(11)								
(12)								
2 Enter	Enter total number of section 501(c)(3) and governmen	nment organi	t organizations				A <i>i</i>	
For Pape	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ctions for Fo	rm 990.				Schedule	Schedule I (Form 990) (2010)

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PAGE 31

31-0679091

Page 2

Schedule I (Form 990) (2010)

Part III

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

(a) Type of gra						
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 MEMBERSHIF ASSISTANCE TO SPECIFIC INDIVIDUALS	TO SPECIFIC INDIVIDUALS	16,176.	3	194,108.	FIAV	VOJCHER FEE
2 scholarships		13.		14,000.	FMV	VOUCHER FEE
3 CAMPERSHIPS		475.		48,510.		VOUCHER FEE.
4						
ro.						
9						
7						
Part IV Supplemental	Part IV Supplemental Information. Complete this	part to provie	de the informatic	on required in P	art I, line 2, and any o	part to provide the information required in Part I, line 2, and any other additional information.

ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANT FUNDS IN U.S.

FORM 990, SCHEDULE I, PART I, QUESTION 2

SCOUTERSHIP AND MEMBERSHIP ASSISTANCE ARE PROVIDED THROUGH A VOUCHER TO

THESE VOUCHERS GENERATE AN INTERNAL TRANSFER OF FUNDS THESE INDIVIDUALS.

FOR REQUIRED DUES OR EVENT FEES FOR THESE INDIVIDUALS.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

GIRL SCOUTS OF WESTERN OHIO

Part I Questions Regarding Compensation

Employer identification number 31-0679091

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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	1b	Tiersti	
2	explain	10		
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract		ine i	
	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 in 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 from the organization or a related organization?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		Х
	in res to any or lines 44-0, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			S. A.
а	The organization?	5a		X
b	Any related organization?	5b		Х
_	If "Yes" to line 5a or 5b, describe in Part III.		M.	15 5
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			The same
а	The organization?	6a	inita i	Х
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.	-		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed		8	
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
9	in Part III	8		X
J	Regulations section 53.4958-6(c)?	q		

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

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010

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 in Schedule J, report compensation from the organization on row (ii) 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	ompensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
	ε	10.3	0		14,838.	5,718.	165,828.	0
1 JANE KRITES	E	 	0	1	0		0	0
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							Sche	Schedule J (Form 990) 2010

Schedule J (Form 990) 2010

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Schedule J (Form 990) 2010

Page 3

Page 4

Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

JSA

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GIRL SCOUTS OF WESTERN OHIO

Employer identification number

31-0679091

ORGANIZATION'S MEMBERS/STOCKHOLDERS

FORM 990, PART VI, LINE 6

ACCORDING TO THE COUNCIL BYLAWS, MEMBERS OF THE CORPORATION ARE DEFINED AS ALL ACTIVE ADULT VOLUNTEERS AND ALL ACTIVE GIRL MEMBER, 14 YEARS OF AGE AND OLDER WHO ARE REGISTERED IN THE GIRL SCOUTS MOVEMENT THROUGH THE COUNCIL.

MEMBERS, STOCKHOLDERS ETC. WHO MAY ELECT GOVERNING BODY MEMBERS

FORM 990, PART VI, LINE 7A

MEMBERS OF THE CORPORATION, ACCORDING TO THE COUNCIL BYLAWS, SHALL ELECT

OFFICERS OF THE COUNCIL, MEMBERS OF THE BOARD OF DIRECTORS, MEMBERS OF

THE BOARD DEVELOPMENT COMMITTEE, AND DELEGATES AND ALTERNATE DELEGATES TO

THE NATIONAL COUNCIL.

FORM 990 PROVIDED TO THE ORGANIZATION'S GOVERNING BODY BEFORE FILING

FORM 990, PART VI, LINE 11

THE 2010 FORM 990 WILL BE REVIEWED BY BOTH MANAGEMENT AND THE AUDIT

COMMITTEE PRIOR TO BEING FILED AND WILL BE AVAILABLE TO ALL BOARD MEMBERS

ON THE BOARD WEBSITE.

MONITOR AND ENFORCE COMPLIANCE WITH CONFLICT OF INTEREST POLICY

FORM 990, PART VI, LINE 12C

BOARD MEMBERS ARE REQUIRED TO ANNUALLY SIGN THE CONFLICT OF INTEREST

STATEMENT. THIS IS A POLICY OF THE BOARD WHICH STATES THAT BOARD MEMBERS

MUST AVOID CONFLICT OF INTEREST WITH RESPECT TO THEIR FIDUCIARY

RESPONSIBILITY AND WILL ANNUALLY DISCLOSE THEIR INVOLVEMENTS IN OTHER

ORGANIZATIONS, WITH VENDORS, OR OTHER ASSOCIATIONS WHICH MIGHT BE OR

MIGHT REASONABLY BE SEEN AS A CONFLICT.

COMPENSATION DETERMINATION OF ORG'S CEO, EXEC DIRECTOR, OR TOP MGMT OFFIAL FORM 990, PART VI, LINE 15A

THE PROCESS FOR DETERMINING COMPENSATION FOR THE CEO INCLUDES A REVIEW BY A BOARD COMMITTEE, AND APPROVAL BY THE FULL BOARD. IN DEVELOPING THE COMPENSATION, COMPARABLE DATA IS OBTAINED FROM OUR NATIONAL ORGANIZATION, AS WELL AS OTHER NONPROFIT ORGANIZATIONS. THE RATIONALE, DELIBERATION, AND DECISION IS DOCUMENTED IN THE MINUTES OF AN EXECUTIVE SESSION OF THE BOARD.

COMPENSATION DETERMINATION OF OTHER OFFICERS OR KEY EMPLOYEES

FORM 990, PART VI, LINE 15B

THE COMPENSATION OF KEY EMPLOYEES OF THE ORGANIZATION ARE BASED ON

COMPARABLE DATA FROM OUR NATIONAL ORGANIZATION. A SALARY SCHEDULE IS

DEVELOPED BY THE NATIONAL ORGANIZATION THAT GRADES POSITIONS AND BANKS

SALARIES BASED ON SCOPE OF POSITION AND COMPARISON WITH SIMILAR POSITIONS

OF OTHER ORGANIZATIONS.

PUBLIC AVAILABILITY OF GOVERNING DOCUMENTS, ETC.

FORM 990, PART VI, LINE 19

THE COUNCIL MAKES ITS ANNUAL REPORT AVAILABLE TO THE PUBLIC THROUGH ITS WEBSITE. THIS INCLUDES ANNUAL AUDITED FINANCIAL STATEMENTS, A LISTING OF

Name of the organization
GIRL SCOUTS OF WESTERN OHIO

Employer identification number 31-0679091

BOARD MEMBERS, AND A DESCRIPTION OF MAJOR PROGRAM OFFERINGS. GOVERNING DOCUMENTS ARE PROVIDED TO THE GENERAL PUBLIC UPON REQUEST.

FIN 48

FORM 990, PART IV, LINE 11F

THE COUNCIL IS EXEMPT FROM INCOME TAXES UNDER SECTION 501 OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW. HOWEVER, THE COUNCIL IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME. THE COUNCIL'S TAX YEARS STILL SUBJECT TO EXAMINATION BY TAXING AUTHORITIES ARE YEARS SUBSEQUENT TO 2006.

RECONCILIATION OF NET ASSETS

PART XI, LINE 5

UNREALIZED GAIN

753,044

PRIOR PERIOD ADJUSTMENT

113,681

CHANGES IN NET ASSETS

866,725