Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047
2009

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

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 1	or the	e 2009	calen	dar year, or tax year beginning , 2009, and ending	_		, 20					
B Check if applicable			Please	C Name of organization GIRL SCOUTS OF WESTERN OHIO	D Employ	er identifica	tion nun	ıber				
	Addre chang		use IRS label or	Doing Business As	31-0679091							
	Name	change	print or	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telepho	ne number						
	Initial	return	type. See	4930 CORNELL ROAD	(513)	489-10	25					
	Termi	nated	Specific Instruc-	City or town, state or country, and ZIP + 4								
	Amen	ded	tions.	CINCINNATI, OH 45242-1804	G Gross receipts \$ 31,838,352							
	Applic		F Na	ame and address of principal officer: BARBARA J. BONIFAS	H(a) Is this a	a group return fo	or	Yes	X No			
	peridii			CORNELL ROAD CINCINNATI, OH 45242-1804	affiliate H(b) Are all	s'? affiliates includ	ed?	Yes	∏ No			
ī	Tax-ex	empt sta		X 501(c) (3) ◄ (insert no.) 4947(a)(1) or 527	⊣ `´	" attach a list. (s		tions)				
_				GIRLSCOUTSOFWESTERNOHIO.ORG	H(c) Group	exemption numl	ber >	N	/A			
_		of organiz			1 , ,							
	ırt I		nmary		2300	otato o.	.ogu. uo					
ı e												
	1	GTRI	aescrit	pe the organization's mission or most significant activities: UTING BUILDS GIRLS OF COURAGE, CONFIDENCE, AND CHARA								
çe				THIS WORLD A BETTER PLACE.								
Jan			HAILE	TILLS WORDD A DETIEN THACE.								
/eri												
& Governance	2			x I if the organization discontinued its operations or disposed of more than 25% of		1 . 1			20			
త				ting members of the governing body (Part VI, line 1a)								
Activities				dependent voting members of the governing body (Part VI, line 1b)					20			
Ę	5			of employees (Part V, line 2a)					294			
ĕ	6			of volunteers (estimate if necessary)		. 6		13,9	30T			
		U		nrelated business revenue from Part VIII, column (C), line 12		7a						
	b	Net un	related	business taxable income from Form 990-T, line 34		7b						
Revenue					Prior Ye			rent Y				
	8	Contrib	outions	and grants (Part VIII, line 1h)	1,971		1,		<u>,</u> 306.			
	9	Progra	m serv	ice revenue (Part VIII, line 2g)	1,057				<u>,595.</u>			
Š	10	Investr	nent in	come (Part VIII, column (A), lines 3, 4, and 7d)	-138	,088.		123	930.			
_	11	Other r	revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,332	,550.	7,	254	,966.			
	12			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,223	,579.	10,045,797.					
	13	Grants	and si	milar amounts paid (Part IX, column (A), lines 1-3)	154	,025.		279	,930.			
	14	Benefit	ts paid	to or for members (Part IX, column (A), line 4)		0.						
ø	15	Salarie	s, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	7,270	,337.	6,	941	,378.			
Expenses	16 a			undraising fees (Part IX, column (A), line 11e)		0.						
çpe	b	Total fu	undrais	ing expenses, Part IX, column (D), line 25) 334,625.								
ш	17			es (Part IX, column (A), lines 11a-11d, 11f-24f)	4,721	,639.	3,	756	728.			
	18			es. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,146	,001.	10,	978	,036.			
	19			expenses. Subtract line 18 from line 12	-922		,239.					
or					Beginning o			of Ye				
Net Assets or Fund Balances	20	Total a	ssets (Part X, line 16)	32,466				,020.			
Ass I Ba	21		,	s (Part X, line 26)		,155.			,694.			
ξĔ	22			fund balances. Subtract line 21 from line 20	32,018	·	32.		,326.			
	rt II			e Block	,	, = = =	,		,			
те					al atate · ·	and t- #	hast : f		manula da			
		and b	elief, it	es of perjury, I declare that I have examined this return, including accompanying schedules ar is true, correct, and complete. Declaration of preparer (other than officer) is based on all inf	ormation of	, and to the which prepar	rer has	any kr	nowledge.			
S	ign				1							
	lere) 3	Signatur	e of officer	Date							
•	CIC		o.g. a.a.	5 of \$111001	24.0							
		:	Typo or	print name and title								
		<u> </u>		print name and title Date Check if		Preparer's id	entifying	numb	er			
Paid	ı	Prepa	rer's	self-		(see instructi	ions) o		J1			
Preparer's		"	,	employed	, 		06320					
	Only	III Sell-t	employe		EIN		-0160					
		1	ss, and 2	312 WABNOT STREET, SOTTE SOOD CINCINNATT, ON 43202	Phone no.	<u>► 51</u>	3-62					
Maν	the IF	RS disci	uss this	return with the preparer shown above? (see instructions)			X Y	06	l No			

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Pa	Int III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
	GIRL SCOUTING BUILDS GIRLS OF COURAGE, CONFIDENCE, AND CHARACTER, WHO
	MAKE THIS WORLD A BETTER PLACE.
	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	anocations to ethors, the total expenses, and revenue, if any, for each program control reported.
4a	(Code:) (Expenses \$ 3,275,138. including grants of \$ 262,706.) (Revenue \$ 8,045,517.)
	GIRL SCOUTS OF WESTERN OHIO, IN AN INCLUSIVE, GIRL-DRIVEN
	ENVIRONMENT, HELPS PREPARE 55,000 GIRL MEMBERS FOR LIVING TODAY,
	AS WELL AS FOR LIVING RESPONSIBLE ADULT LIVES THROUGH THE GIRL
	SCOUT PROGRAM, WHICH INCLUDES TROOP ACTIVITIES, PROGRAM
	OPPORTUNITIES, SUMMER CAMP, AND GIRL SCOUTS IN THE SCHOOL DAY.
4b	(Code:) (Expenses \$
	GIRL SCOUTS OF WESTERN OHIO WILL SERVE ONE OUT OF SIX GIRLS OHIO
	REGION WITH A HIGH QUALITY PROGRAM EXPERIENCE, ENSURING THAT ALL
	GIRLS WHO WISH TO JOIN HAVE THE OPPORTUNITY TO DO SO.
4c	(Code:) (Expenses\$2,638,306. including grants of \$0) (Revenue \$22,242)
	GIRL SCOUTS OF WESTERN OHIO WILL HELP PREPARE GIRLS FOR LIVING IN
	TODAY'S WORLD THROUGH RECRUITMENT, SCREENING, TRAINING AND SUPPORT
	OF A DIVERSE CORE OF 15,000 VOLUNTEERS, WHO WILL SUPPORT GIRLS
	THROUGH THE DELIVERY OF THE GIRL SCOUT PROGRAM.
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 2,365,377. including grants of \$) (Revenue \$
4e	Total program service expenses ▶ 9,097,606.

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		Χ
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? 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,	Ť		
	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? <i>If</i> "Yes,"	<u> </u>		
·	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	⊢		- 21
3	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	9		Λ
10	quasi-endowments? If" Yes,"complete Schedule D, Part V	40	X	
44	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	10	Λ	
11		ا ۵۰ ا	37	
_	VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other-securitiesin Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	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.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year?			
	complete Schedule D, Parts XI, XII, and XIII.	12	Х	
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Χ
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, Part II.	15		Х
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, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			-
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	· · ·		23
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Χ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		Λ
13	If "Yes," complete Schedule G, Part III	10		v
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19		X
20	Did the diganization operate one or more hospitals! If ites, complete scriedule in	20		Λ

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Part IV Checklist of Required Schedules (continued) Did the organization report more than \$5,000 of grants and other assistance to governments and organizations Χ 21 in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the Χ 22 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 Χ 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 question 25 24a Χ b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction Χ with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 25b 990-EZ? If "Yes," complete Schedule L, Part I Χ 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or Χ disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II, Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? Χ 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): Χ a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV...... A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, 28c Χ Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Χ 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Χ 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Χ 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, Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 38

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Par	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
2 a	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 . 294			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			3.7
_	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	E o		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	อม		- 1
C		5c		
62	Prohibited Tax Shelter Transaction? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
va	organization solicit any contributions that were not tax deductible?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- ou		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	_		
	organization, have excess business holdings at any time during the year?	8		
	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		
	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 10b			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against			
D	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		
	If "Yes." enter the amount of tax-exempt interest received or accrued during the year	. <u>_</u> u		

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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.

Sect	tion A. Governing Body and Management			
			Yes	No
а	Enter the number of voting members of the governing body			
1b	Enter the number of voting members that are independent			
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 organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	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	_		3.7
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		X
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	enue Code.)		Yes	No
		40-	163	X
10 a	Does the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10h		
4.4	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11	Х	
44 A	form?			
11 A		12a	X	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	120		
b	rise to conflicts?	12b	Χ	
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	Χ	
13	Does the organization have a written whistleblower policy?	13	Χ	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Χ	
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.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Χ
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			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_INDIANA			
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 X 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	_10^	1	
	organization: FIRE SCOUTS OF WESTERN OHIO 4930 CORNELL ROAD CINCINNATI, OH 45242	TOU		

JSA 9E1042 1.000

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

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. Use Schedule J-2 if additional space is needed.
- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average	(C) Position (check all that apply)						(D) Reportable	(E) Reportable	(F) Estimated
ivanie and Tide	hours per week	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)	amount of other compensation from the organization and related organizations
KIMBERLY S AMRINE				7.						
BOARD MEMBER	1.00	X						0.	0.	0.
BETH KEYES										
BOARD MEMBER	1.00	X						0.	0.	0.
JERRY BROSE BOARD MEMBER	1.00	X						0.	0.	0.
DAVE KYLANDER										
BOARD MEMBER	1.00	Х						0.	0.	0.
MARJORIE HOUCK										
BOARD MEMBER	1.00	Х						0.	0.	0.
KAREN HUELSMAN										
BOARD MEMBER	1.00	Х						0.	0.	0.
CATHERINE INGRAM										
BOARD MEMBER	1.00	Х						0.	0.	0.
ELLEN IOBST										
BOARD MEMBER	1.00	Х						0.	0.	0.
WIJDAN JREISAT										
BOARD MEMBER	1.00	Х						0.	0.	0.
MARY ANN KNOOP										
BOARD MEMBER	1.00	Х						0.	0.	0.
KATHRYN K MCMULLEN										
BOARD MEMBER	1.00	Х						0.	0.	<u> </u>
CAROL S SANDERS										
BOARD MEMBER	1.00	X						0.	0.	0.
CHERYL TYLER-FOLSOM										
BOARD MEMBER	1.00	Х						0.	0.	0.
CHRISTI M WEST										
BOARD MEMBER	1.00	X						0.	0.	0.
KIM TURCO	1							_		
BOARD MEMBER	1.00	Х						0.	0.	0.
NANCY DAWES	1							_	_	_
CHAIRPERSON	10.00			Χ				0.	0.	0.

Form **990** (2009)

JSA.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees(continued)												
(A)	(B)	(B) (C) (D) (E)							(E)		(F)	
Name and title	Average hours per week	Individual trustee or director	n Institutional trustee	Officer	ll t Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	am comp fro orga and	timated nount of other pensatio om the anizatio d related inizatior	f on on d
JODY_WAINSCOTTTREASURER	5.00			Х				0.	0.			0.
SUSAN GANTZ MATZ 2ND VICE CHAIR PERSON	2.00			Х				0.	0.			0.
MARGARET G. BECK 1ST VICE CHAIR PERSON	2.00			Х				0.	0.			0.
SHARON L. SMITH SECRETARY	2.00			Х				0.	0.			0.
BARBARA BONIFAS CHIEF EXECUTIVE OFFICER	40.00				Х			200,443.	0.		13,	995 <u>.</u>
JANE KRITZ EXECUTIVE VICE PRESIDENT	40.00					Х		120,777.	0.		11,	822.
RONI LUCKENBILL COO	40.00					Х		99,459.	0.		12,	102.
SUSAN OSBORN CHIEF STRATEGY OFFICER	40.00					Х		101,096.	0.		10,0	042.
				1								
1b Total								521,775.	0.		47,9	<u></u>
Total number of individuals (including but not lim reportable compensation from the organization	ited to thos	e liste	ed a			ho re	ceiv		,000 in			
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3	Yes	No X
4 For any individual listed on line 1a, is the the organization and related organizations individual.	greater th	an \$	150	,000)?	If "Y	es,'	' complete Sched	ule J for such	4	X	
 individual Did any person listed on line 1a received services rendered to the organization? If "Yes," 	e or accr	ue c	omp	ens	atio	n fro	m	any unrelated o	rganization for	5	21	X

Section B. Independent Contractors

I Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

Form **990** (2009)

Form 990 (2009) Page **9**

Par	t VIII	Statement of Revenue		31-0679091						
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
Contributions, gifts, grants and other similar amounts	1a b c	Federated campaigns 1a Membership dues 1b Fundraising events 1c	1,183,342.							
gif	d	Related organizations 1d								
ons, simi	е	Government grants (contributions) 1e	173,195.							
buti	f	4.	452 760							
dot		and similar amounts not included above . 1f	453,769.							
တ္တ ၕ	g h	Total. Add lines 1a-1f		1,810,306.						
ne			Business Code	, , , , , , , , , , , , , , , , , , , ,						
ven	2a	PROGRAM SERVICE FEES	713990	856 , 595.	856,595.					
Program Service Revenue	b									
<u> </u>	С									
Ser	d									
ram	е									
rog	f	All other program service revenue Total. Add lines 2a-2f		056 505						
	<u>g</u> 3	Investment income (including dividends, interes		856,595.						
	"	other similar amounts)		290,531.			290,531.			
	4	Income from investment of tax-exempt bond pro		,						
	5	Royalties	<u> </u>							
		(i) Real	(ii) Personal							
	6a	Gross Rents								
	b	Less: rental expenses			_					
	C	Rental income or (loss)								
	d	Net rental income or (loss)	(ii) Other							
	7a	Gross amount from sales of	0.							
	b	assets other than inventory Less: cost or other basis	0.							
	~	and sales expenses 14,785,121.	6,271.							
	С	Gain or (loss) 160,330.	-6,271.							
	d	Net gain or (loss)		-166,601.						
ne	8a	Gross income from fundraising								
/en		events (not including \$								
Re		of contributions reported on line 1c).								
er	b	See Part IV, line 18 a Less: direct expenses b								
Other Revenue	C	Net income or (loss) from fundraising events								
	9a	Gross income from gaming activities. See Part IV, line 19								
	b c	Less: direct expenses b Net income or (loss) from gaming activities								
	10a	Gross sales of inventory, less returns and allowances a	14,161,415.							
	b	Less: cost of goods sold b								
	С	Net income or (loss) from sales of inventory Miscellaneous Revenue	Business Code	7,160,252.	7,160,252.					
	44-	MISCELLANEOUS	900099	94,714.			94,714.			
	11a b	MISCELLANEOUS	300033	34,/14.			94,/14.			
	C									
	d	All other revenue								
	е	Total. Add lines 11a-11d	▶	94,714.						
	12	Total Revenue. See instructions	<u></u>	10,045,797.	8,016,847.		385,245.			

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).

	All other organizations must complete not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D). (D) Fundraising
_	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	NONE			
•	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	279,930.	279,930.		
3	Grants and other assistance to governments,	273,330.	273,330.		
3	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	214,438.	180,739.	25,484.	8,215.
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	5,429,031.	4,575,849.	645,182.	208,000.
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions)	194,711.	164,112.	23,139.	7,460.
9	Other employee benefits	670,934.	565,496.	79,733.	25,705.
10	Payroll taxes	432,264.	364,333.	51,370.	16,561.
11	Fees for services (non-employees):				
а	Management	NONE			
	Legal	6,190.	5,509.	623.	58.
	Accounting	52,372.	46,604.	5,274.	494.
d	Lobbying	NONE			
е	Professional fundraising services. See Part IV, line 17	NONE			
f	Investment management fees	NONE			
g	Other	433,301.	385,582.	43,634.	4,085.
12	Advertising and promotion	8,020.	7,136.	808.	76.
13	Office expenses	605,784.	539,070.	61,003.	5,711.
14	Information technology	NONE			
15	Royalties	NONE			
16	Occupancy	540,839.	481,277.	54,463.	5,099.
17	Travel	212,073.	188,982.	20,397.	2,694.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	212,434.	189,039.	21,392.	2,003.
20	Interest	NONE			
21	Payments to affiliates	NONE	000 105	1.60 501	22.056
22	Depreciation, depletion, and amortization	1,131,874.	928,137.	169,781.	33,956.
23	Insurance	377,368.	56,605.	309,442.	11,321.
24	Other expenses ltemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
	·	42.204	6 002	22 447	2 024
-	MISCELLANEOUS	42,284.	6,803. 3,729.	32,447.	3,034.
	RECRUITMENT	4,191.		422.	40.
	BAD DEBTS	117,968. 7,777.	117,968.	783.	73.
	LICENSES & FEES MEMBERSHIP DUES	4,253.	3,785.	428.	40.
		4,200.	3,703.	0.	40.
	All other expenses	10,978,036.	9,097,606.	1,545,805.	334,625.
25 26	Total functional expenses. Add lines 1 through 24f	10, 5, 0, 050.	5,057,000.	1,040,000.	334,023.
26	Joint Costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
ICA	idituralishing solicitation				

JSA 9E1052 1.000

Balance Sheet Part X (B) Beginning of year End of year Cash - non-interest-bearing 3,492,637. 1,552,096. 1 1 Savings and temporary cash investments 1,779,917. 728,144. 2 Pledges and grants receivable, net 943,489. 839,732. 3 3 Accounts receivable, net 155,321. 105,663. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 301,026. 238,330. 8 Prepaid expenses and deferred charges 94,384. 120,669. 9 10 a Land, buildings, and equipment: cost or | 10a | 28,386,061. other basis. Complete Part VI of Schedule D 14,601,176. 14,838,444. 10c 10,835,827. 14,861,926. 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 236,558. 277,301. 15 15 32,466,620. 33,536,020. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 258,130. 609,357. 17 17 18 165,178. 18 169,845. 19 24,847. 19 35,492. 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities. Complete Part X of Schedule D 25 25 448,155. 26 Total liabilities. Add lines 17 through 25 26 814,694. Organizations that follow SFAS 117, check here | X | and complete lines 27 through 29, and lines 33 and 34. Balances 27 Unrestricted net assets 29,365,250. 27 29,736,613. 28 1,078,163. 944,021. 28 Permanently restricted net assets 2,040,692. 29 1,575,052. or Fund Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Net Assets 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 32,018,465. 33 32,721,326. Total liabilities and net assets/fund balances 32,466,620. 33,536,020.

Form **990** (2009)

Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	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			
	Schedule O.			
d				
	issued on a consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a				
	the Single Audit Act and OMB Circular A-133?	3a		X
b		Ju		
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
_	- 10-quilled datast of datasto, output and in output talked to deliver to distribute the distribute to deliver to distribute the distribute talked to deliver the distribute talked talked to deliver the distribute talked tal		990	(2009)

FOIII **330** (200)



SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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 separate instructions. Inspection

Name of the	Name of the organization Employer identification number										
GIRL S	COUTS OF	WESTERN OHI	.0					31-0679091			
Part I	Reason fo	or Public Chari	ty Status (All organi	zations m	ust compl	ete this p	oart.) Se	e instruc	tions.		
The orga	nization is no	t a private founda	tion because it is: (For	lines 1 thro	ough 11, ch	eck only c	ne box.)				
1 💹	A church, co	nvention of churc	ches, or association of	churches d	escribed in	section	n 170(b)(ʻ	1)(A)(i).			
2	A school des	scribed in sectio	n 170(b)(1)(A)(ii). (Att	tach Schedi	ule E.)						
3	A hospital of	r a cooperative ho	ospital service organiza	ation descril	bed in se	ction 170	(b)(1)(A)(iii).			
4	A medical	research organiz	ation operated in co	njunction v	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the	
		ame, city, and sta									
5			or the benefit of a col	lege or un	iversity ow	ned or o	perated I	oy a gove	ernmental	unit described in	
•		(b)(1)(A)(iv). (Co			. منام مانس	4! 4 .	70/1-\/4\/	14-1			
6		_	rnment or government						f 4	مناطيية المسمسمية	
7 X	-		ly receives a substant	-	its support	Trom a (governme	entai unit	or from t	ne general public	
• 🗀			1)(A)(vi). (Complete F		malete Des	4 11 \					
8			in section 170(b)(1)(
9	=		ly receives: (1) more							-	
	-		ted to its exempt fun		=		-				
		-	nent income and un				-		oii (ax)	irom businesses	
40		-	after June 30, 1975.					-			
10	=	-	d operated exclusively	-		-			ne of or	to carry out the	
	_	_	and operated exclusi ublicly supported orga	-		-				=	
			at describes the type of						-		
	a Typ			Typ	_					pe III - Other	
е		_	rtify that the organiz			-	-			•	
•			on managers and oth				-			•	
	-	section 509(a)(2	-	Ci tilali oli	C OI MOIC	publicly .	supported	organiza	ations ac	Scribca in Section	
f	(() (a written determinat	ion from t	he IRS tha	at it is a	Type I	Tyne II o	r Tyne III	supporting	
•	=	, check this box				at it is a	турс і,	ypc II, O	i Type iii	Supporting	
g			he organization accept	ed any gift (or contribut	ion from a	any of the				
9	following pe		no organization accept	ou any gire	01 001111111111111		arry 01 are		•		
			or indirectly controls	either ald	one or tog	ether wit	h person	s describ	ed in (ii)	Yes No	
			rning body of the supp				ролоон		(,	11g(i)	
		_	rson described in (i) at	_						11g(ii)	
			of a person described in		bove?					11g(iii)	
h	• •	•	tion about the supporte	., .,	-						
	of supported	_	(iii) Type of organization			(v) Did v	ou notify	(vi) l	s the	(vii) Amount of	
	anization		(described on lines 1-9	in col. (i) lis	sted in your	the organ	ization in	organizat	ion in col.	support	
			above or IRC section (see instructions))	governing of	document?	coi. (i)	of your port?	(i) organiz U.	zed in the S.?		
			,,	Yes	No	Yes	No	Yes	No		
Total											

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	905,193.	1,009,559.	990,887.	1,971,951.	1,810,306.	6,687,896.
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	905,193.	1,009,559.	990,887.	1,971,951.	1,810,306.	6,687,896.
5	The portion of total contributions by each person (other than a governmental unit or						
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.						
	tion B. Total Support						6,687,896.
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	905,193.	1,009,559.	990,887.	1,971,951.	1,810,306.	6,687,896.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	213,812.	364,922.	419,245.	544,885.	290,531.	1,833,395.
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.) ATCH 1	96,686.	41,784.	44,225.	156,449.	94,714.	433,858.
11	Total support. Add lines 7 through 10						8,955,149.
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	50,900,489.
13	First five years. If the Form 990 is for organization, check this box and stop here					ar as a section	
	tion C. Computation of Public Sup						74 60 24
14	Public support percentage for 2009 (line		-	, column (f))		14	74.68 % 68.64 %
15	Public support percentage from 2008 Sc	•				15	
16a	33 1/3 % support test - 2009. If the o	•					
h	this box and stop here . The organization						
b	33 1/3 % support test - 2008. If the concheck this box and stop here. The organization						
172	10%-facts-and-circumstances test - 20	•					
17a	or more, and if the organization me						
	Part IV how the organization meets t					-	•
	organization			•	•		
h	10%-facts-and-circumstances test - 2						
J	15 is 10% or more, and if the organical states 15 is 10% or more.	_					
	Explain in Part IV how the organization						
18	supported organization Private foundation. If the organization						▶□
	instructions						

Schedule A (Form 990 or 990-EZ) 2009

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Schedule A (Form 990 or 990-EZ) 2009 31-0679091 Page **3**

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

	(Complete only if you checked	the box on li	ne 9 of Part I.)			
Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include						
	any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	's first, second,	third, fourth, or	fifth tax year a	s a section 501	(c)(3)
	organization, check this box and stop here .						▶ 🔲
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2009 (line 8, col	umn (f) divided b	y line 13, column	(f))		15	%
16	Public support percentage from 2008 Schedul	e A, Part III, line	15 <u></u> .	· · · · · · · · · · · ·	<u> </u>	16	%
Sec	tion D. Computation of Investment	Income Perc	entage				
17	Investment income percentage for 2009 (line	e 10c, column (f)	divided by line 13	, column (f))		17	%
18	Investment income percentage from 2008 S	chedule A, Part II	II, line 17			18	%
19 a	33 1/3 % support tests - 2009. If the org	anization did no				e than 331/3 %,	and line
	17 is not more than 33 1/3 %, check thi						
b	33 1/3 % support tests - 2008. If the orga	nization did not	check a box on	line 14 or line 19	9a, and line 16 is	s more than 331/	3 %, and
	line 18 is not more than 331/3 %, check	this box and st	op here. The or	ganization qualifie	es as a publicly	supported organ	ization ▶
20	Private foundation. If the organization d						

JSA 9E1221 1.000 Schedule A (Form 990 or 990-EZ) 2009

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10;

Part II, line 17a or 17	'b; or Part III, İ	ine 12. Provid	e any other add	itional informati	on. See instructi	ons
					ATTACHMENT 1	
SCHEDULE A, PART II - OTHER INCOME						
DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
SPECIAL EVENTS	0.	0.	0.	58,445.	0.	58,445.
SPECIAL EVENIS	0.	0.	0.	30,443.	0.	30,443.
OTHER INCOME	96,686.	41,784.	44,225.	98,004.	94,714.	375,413.
TOTALS	96,686.	41,784.	44,225	156,449.	94,714.	433,858.



Schedule A (Form 990 or 990-EZ) 2009

JSA 9E1225 2.000

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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

Employer identification number

GIRL SCOUTS OF WEST	ERN OHIO	31-0679091				
Organization type (check one	e):	31 00/3031				
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 found	ndation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundatio	n				
	501(c)(3) taxable private foundation					
Note. Only a section 501(c)(7 instructions. General Rule X For an organization	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or mone contributor. Complete Parts I and II.					
Special Rules						
sections 509(a)(1) a)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a of 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1					
the year, aggregate	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 <i>exclusively</i> 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 <i>exclusively</i> 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						
_	is not covered by the General Rule and/or the Special Rules does not file Sche					
	st answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of F, to certify that it does not meet the filing requirements of Schedule B (Form 99).					
For Privacy Act and Paperwork Red	uction Act Notice, see the Instructions Schedule	B (Form 990, 990-EZ, or 990-PF) (2009)				

JSA

for Form 990, 990-EZ, or 990-PF.

9E1251 1.000 29541

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Name of organization GIRL SCC

GIRL SCOUTS OF WESTERN OHIO

Employer identification number 31-0679091

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	UNITED WAY OF GREATER CINCINNATI 2400 READING ROAD CINCINNATI, OH 45202	\$565,000.	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
2	CROSSET FAMILY FOUNDATION 6 SHELDON CLOSE CINCINNATI, OH 45227	\$5,000.	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
3	JODY WAINSCOTT 4349 JABBEROO WEST CHESTER, OH 45069	\$6,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
NO.	ivalite, additess, allu ZIF + 4	Aggregate contributions	Type of contribution
4	UNITED WAY - BUTLER COUNTY 323 NORTH THIRD STREET HAMILTON, OH 45011	\$ 22,500.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
	UNITED WAY - BUTLER COUNTY 323 NORTH THIRD STREET		Person Payroll Noncash (Complete Part II if there is
4(a)	UNITED WAY - BUTLER COUNTY 323 NORTH THIRD STREET HAMILTON, OH 45011 (b)	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	UNITED WAY - BUTLER COUNTY 323 NORTH THIRD STREET HAMILTON, OH 45011 (b) Name, address, and ZIP + 4 BARBARA BONIFAS 4930 CORNELL ROAD	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

Employer identification number 31-0679091

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	CHARLES H. DATER FOUNDATION, INC. 602 MAIN STREET, SUITE 302 CINCINNATI, OH 45202	\$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
8	PNC FOUNDATION ONE EAST FOURTH STREET CINCINNATI, OH 45202	\$5,000.	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
9	FULLER FOUNDATION 1200 WILLOW LAKE BLVD. ST. PAUL, MN 55110	\$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
10	KATHRYN K. MCMULLEN 7338 WATERPOINT LANE CINCINNATI, OH 45255	\$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
11	KETTERING FOUNDATION 1560 KETTERING TOWER DAYTON, OH 45423	\$\$	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
12	SCHOTT FOUNDATION 531 MURRAT ROAD CINCINNATI, OH 45217	\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number 31-0679091

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	NANCY DAWES 4930 CORNELL ROAD CINCINNATI, OH 45242	\$5,219.	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
14	JERGENS FOUNDATION 200 W. 4TH STREET CINCINNATI, OH 45202	\$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
15	UNITED WAY OF CLARK, CHAMPAIGN & MADISON 120 SOUTH CENTER STREET, 2ND FLOOR SPRINGFIELD, OH 45501	\$16,301.	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
	` <i>'</i>		
No.	Name, address, and ZIP + 4 UNITED WAY OF DEFIANCE COUNTY 511 PERRY STREET, P.O. BOX 351	Aggregate contributions	Person Payroll Noncash (Complete Part II if there is
No. 16 (a)	Name, address, and ZIP + 4 UNITED WAY OF DEFIANCE COUNTY 511 PERRY STREET, P.O. BOX 351 DEFIANCE, OH 43512 (b)	\$9,600.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No. 16 (a) No.	Name, address, and ZIP + 4 UNITED WAY OF DEFIANCE COUNTY 511 PERRY STREET, P.O. BOX 351 DEFIANCE, OH 43512 (b) Name, address, and ZIP + 4 UNITED WAY OF GREATER DAYTON AREA 184 SALEM AVENUE	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

Employer identification number 31-0679091

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	UNITED WAY OF GREATER TOLEDO ONE STRANAHAN SQUARE TOLEDO, OH 43604	\$175,000.	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
20	UNITED WAY OF HANCOCK COUNTY 245 STANFORD PARKWAY FINDLAY, OH 45840	\$56,647.	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	UNITED WAY OF HARDIN COUNTY 225 S. DETROIT STREET KENTON, OH 43326	\$11,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(a)	(d)
Νο.	Name, address, and ZIP + 4	(c) Aggregate contributions	Type of contribution
	, , ,		
No.	Name, address, and ZIP + 4 UNITED WAY OF HENRY COUNTY 611 NORTH PERRY STREET	Aggregate contributions	Person Payroll Noncash (Complete Part II if there is
No	Name, address, and ZIP + 4 UNITED WAY OF HENRY COUNTY 611 NORTH PERRY STREET NAPOLEON, OH 43545 (b)	\$11,717.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No. 22 (a) No.	Name, address, and ZIP + 4 UNITED WAY OF HENRY COUNTY 611 NORTH PERRY STREET NAPOLEON, OH 43545 (b) Name, address, and ZIP + 4 UNITED WAY OF LOGAN COUNTY 122 NORTH MAIN STREET	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

Employer identification number 31-0679091

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
25	UNITED WAY OF PUTNAM COUNTY 118 N. HICKORY STREET, P.O. BOX 472 OTTAWA, OH 45875	\$12,000.	Person Payroll 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	SHELBY COUNTY UNITED WAY 121 EAST NORTH STREET SIDNEY, OH 45365	\$38,000.	Person Payroll 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	UNITED WAY OF TROY P.O. BOX 36 TROY, OH 45373	\$	Person Payroll 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
28	WARREN COUNTY UNITED WAY 645 OAK STREET LEBANON, OH 45036	\$55,000.	Person Payroll 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	SPRINGFIELD FOUNDATION 4 W. MAIN STREET SPRINGFIELD, OH 45502	\$9,000.	Person Payroll 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
30_	J FARR OWENS CORNING CLASSIC 4405 DORR STREET	\$25,000.	Person X Payroll Noncash

Employer identification number 31-0679091

Part Contribu	ors (see	instructions)
---------------	----------	---------------

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
31	UNIQUELY ME GRANT NEW YORK, NY	\$7,500.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll 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
		\$	Person Payroll 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
		\$	Person Payroll 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
		\$	Person Payroll 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
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► 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.

Open to Public Inspection

Employer identification number

GIR	RL SCOUTS OF WESTERN OHIO	31-0679091
Par		AccountsComplete if
	(a) Donor advised funds	(b) Funds and other accounts
		(b) i undo una otner accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor ac	
_	· · · · · · · · · · · · · · · · · · ·	Yes L No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can	
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any or	
Dav	purpose conferring impermissible private benefit? **Conservation Easements.** Complete if the organization answered "Yes" to Form	Yes No
Par	Purpose(s) of conservation easements held by the organization (check all that apply).	1 990, Part IV, line 7.
1		
		n historically important land area
	1 Total and Tradition of a	certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the for easement on the last day of the tax year.	rm of a conservation
	easement on the last day of the tax year.	Held at the End of the Year
_	Total number of conservation easements	a 2
a		b 106.00
b		c 0
c d	, , , , , , , , , , , , , , , , , , , ,	d 0
и 3	Number of conservation easements modified, transferred, released, extinguished, or terminated by	
•	the tax year ►	the organization during
4	Number of states where property subject to conservation easement is located	1
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling	of
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements	
	200.00	3
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements dur	ing the year
	> \$5,000.	
8	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)?	Yes 🔀 No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expe	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial state	ements that describes
	the organization's accounting for conservation easements.	
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue state	ement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or resear provide, in Part XIV, the text of the footnote to its financial statements that describes these items	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement	
-	historical treasures, or other similar assets held for public exhibition, education, or research	
	provide the following amounts relating to these items:	•
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar ass	sets for financial gain, provide the
	following amounts required to be reported under SFAS116 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	▶ \$

Schedule D (Form 990) 2009 31-0679091 Page **2**

Par	Organizations Maintaining Coll	ections of Art, Hist	orical Treasure	s, or O	ther Similar As	sets(continued)						
2	Using the organization's acquisition, access	cion, and other records	chook any of the	followin	a that are a cignifi	icant use of its						
3	collection items (check all that apply):	sion, and other records	, check any or the	IOIIOWIII	ig that are a signin	icani use oi iis						
_		d [obongo i	nrograma							
a	Public exhibition	d _	Loan or exc	change	programs							
b	Scholarly research	е	Other									
C	Preservation for future generations											
4	Provide a description of the organization's	collections and explain	now they further t	ne orga	nization's exempt	purpose in						
_	Part XIV.											
5	During the year, did the organization solici t											
	assets to be sold to raise funds rather than											
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.											
1a	Is the organization an agent, trustee, custo		-									
	included on Form 990, Part X?					Yes No						
b	If "Yes," explain the arrangement in Part XI	/ and complete the foll	owing table:									
					Amo	ount						
С	Beginning balance			1c								
d	Additions during the year			1d								
е	Distributions during the year			1e								
f	Ending balance			1f								
2a	Did the organization include an amount on	Form 990, Part X, line	21?			Yes No						
b	If "Yes," explain the arrangement in Part XI V	/ .										
Par	Endowment Funds. Complete if	organization answe	ered "Yes" to Fo	rm 990	, Part IV, line 10).						
	(a) Cui	rrent Year (b) Prior y	rear (c) Two ye	ars back	(d) Three years	back (e) Four years back						
1a	Beginning of year balance	338,494. 1,777	7,083.									
b	Contributions		0.									
С	Net investment earnings, gains,											
	and losses	274,897438	,589.									
d	Grants or scholarships	21170311	0.									
е	Other expenditures for facilities		0.									
	and programs											
f	Administrative expenses											
g		613,391. 1,338	104									
2	Provide the estimated percentage of the y											
a	Board designated or quasi-endowment	%	··									
b	Permanent endowment ► 100.0000 %											
	Term endowment ► %	•										
	Are there endowment funds not in the pos	session of the organiza	ation that are held	and adn	ninistered for the							
	organization by:	socolori or the organiza		and dan		Yes No						
	(i) unrelated organizations											
	(ii) related organizations					3a(ii) X						
b	If "Yes" to 3a(ii), are the related organization											
4	Describe in Part XIV the intended uses of the											
Par				+ V lin/	2 10							
rai						(-1) D : :						
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(0	depreciation	(d) Book value						
1a	Land		1,889,44			1,889,442.						
b	Buildings		19,839,15	52. 1	3,547,617.	6,291,535.						
С	Leasehold improvements											
d	Equipment		4,222,07	72.		4,222,072.						
е	Other		2,435,39	95.		2,435,395.						
Tota	. Add lines 1a through 1e. (Column (d) must	t equal Form 990, Part	X, column (B), line	e 10(c).)	▶	14,838,444.						
						Cabadula D /Farms 000) 2000						

Schedule D (Form 990) 2009

31-0679091 Page 3 Schedule D (Form 990) 2009

Part VII	nvestments - Other Securities. See Fo	orm 990, Part X, line	e 12.	
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year ma	
Financial deriv	ratives			
Closely-held e	quity interests			
Total, (Column (b)	must equal Form 990, Part X, col. (B) line 12.)			
	nvestments - Program Related. See F	orm 990. Part X. lin	e 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valua	tion:
	,-,	(4, 200).	Cost or end-of-year ma	rket value
-				
-				
Total. (Column (b)	must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, lir	ne 15.		
	(a)	Description		(b) Book value
Total (Column (b)	must equal Form 990, Part X, col. (B) line 15.)			
	Other Liabilities. See Form 990, Part X	line 25		
1.	(a) Description of liability	(b) Amount		
Federal incom		(0) 1 1110 1111		
			-	
Total. (Column (b)	must equal Form 990, Part X, col. (B) line 25.)			

2. FIN 48 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.

JSA 9E1270 1.000 Schedule D (Form 990) 2009 29541 PAGE 27 Schedule D (Form 990) 2009 31-0679091 Page **4**

	ED (Form 990) 2009		Page 4
Part			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,045,797.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,978,036.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-932 , 239.
4	Net unrealized gains (losses) on investments	4	1,635,100.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	1,635,100.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	702,861.
Part		urn	· · · · · · · · · · · · · · · · · · ·
1	Total revenue, gains, and other support per audited financial statements		18,688,330.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	, ,
a	Net unrealized gains on investments 2a 1,635,10	0.	
b	56 377	-	
C			
_	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	3	
d			e 8,642,533.
e	•	. 2	10,045,797.
3	Subtract line 2e from line 1	· - - `	10,043,797.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	_	
b	Other (Describe in Part XIV.)	┥.	
C	Add lines 4a and 4b	. 4	
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		10,045,797.
Part			
1	Total expenses and losses per audited financial statements	. 🗀	17,985,469.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIV.) 2d 7,007,43	3.	
е	Add lines 2a through 2d	2	e 7,007,433.
3	Subtract line 2e from line 1	;	10,978,036.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b	4	С
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)		10,978,036.
Part			
Comp	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also art to provide any additional information.	comp	lete
SEE	PAGE 5		

Schedule D (Form 990) 2009 31-0679091 Page **5**

Part XIV Supplemental Information (continued)

OTHER EXPENSES INCLUDED IN INCOME

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

COST OF GOODS SOLD 7,001,163

LOSS ON DISPOSAL OF FIXED ASSETS 6,271

TOTAL 7,007,433

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 ARE UNRESTRICTED AS 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.

SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2009

Open to Public

Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

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

▶ Attach to Form 990.

GIRL SCOUTS OF WESTERN OHIO 31-0679091 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash grant (e) Amount of non-cash (g) Description of (h) Purpose of grant or government if applicable assistance non-cash assistance or assistance 2 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations

29541

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

Schedule I (Form 990) 2009

(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
MEMBERSHIP ASSISTANCE TO SPECIFIC INDIVIDUALS	19,965		199,635.	FMV	VOUCHER FEE
SCHOLARSHIPS	13		16,900.	FMV	VOUCHER FEE
CAMPERSHIPS	821		63,395.	FMV	VOUCHER FEE
Part IV Supplemental Information. Compl	ete this part to	provide the info	rmation required	in Part I, line 2, and any o	ther additional information.
DRGANIZATION'S PROCEDURES FOR MONI	TORING USE	OF GRANT FUI	NDS IN U.S.		
FORM 990, SCHEDULE I, PART I, QUES	TION 2				
SCOUTERSHIP AND MEMBERSHIP ASSISTA	NCE ARE PRO	VIDED THROUG	GH A VOUCHER	го	
THESE INDIVIDUALS. THESE VOUCHERS	GENERATE A	N INTERNAL	TRANSFER OF F	UNDS	
FOR REQUIRED DUES OR EVENT FEES FO	R THESE IND	IVIDUALS			
					

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

2009

Open to Public Inspection

Employer identification number

31-0679091

Name of the organization

GIRL SCOUTS OF WESTERN OHIO

Department of the Treasury

Internal Revenue Service

- Attach to Form out - Coo coparate metrace

Questions Regarding Compensation Part I 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) If any of the boxes on line 1a is 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 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 Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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: Receive a severance payment or change-of-control payment? 4a Χ Participate in, or receive payment from, a supplemental nonqualified retirement plan? Χ c Participate in, or receive payment from, an equity-based compensation arrangement? Χ 4c 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) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of: The organization? Χ 5a Any related organization? 5b Χ If "Yes" to line 5a or 5b, describe in Part III. 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: a The organization? Χ 6a Any related organization? 6b Χ If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III Χ 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 Regs. section 53.4958-4(a)(3)? If "Yes," describe Χ in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown	of W-2 and/or 1099-MISC	compensation	(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	(E) Total of columns (B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	(i)	163,369.	13,454.	23,620.	7,420.	6 , 575.	214,438.	<u>0.</u> 0.
BARBARA BONIFAS	(ii)	0.	0.	0.	0.	0.	0.	0.
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Part III	Suppleme	ental Intor	mation																										
Complet or any a	e this part additional in	to provide formation.	the infor	mation,	explar	nation,	or (descr	iptions	requ	uired	for	Part I	lines	1a,	1b,	4c,	5a,	5b,	6a,	6b,	7,	and 8	3. AI	so o	compl	ete t	his p	art
						,																							
										7								1											

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

• Attach to Form 990.

OMB No. 1545-0047

2009
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

ATTACHMENT 2

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 2009 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

PAGE 35

Schedule O (Form 990) 2009 Page 2

Name of the organization
GIRL SCOUTS OF WESTERN OHIO

Employer identification number 31-0679091

A DEPARTMENT OF CONTRACT

ATTACHMENT 2 (CONT'D)

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
BOARD MEMBERS, AND A DESCRIPTION OF MAJOR PROGRAM OFFERINGS. GOVERNING

Schedule O (Form 990) 2009

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Schedule O (Form 990) 2009 Page 2

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

ATTACHMENT 2 (CONT'D)

DOCUMENTS ARE PROVIDED TO THE GENERAL PUBLIC UPON REQUEST.



JSA Schedule O (Form 990) 2009

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