

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)

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 For the 2008 calendar year, or tax year beginning , 2008, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>GIRL SCOUTS OF WESTERN OHIO</u> Doing Business As _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>4930 CORNELL ROAD</u> City or town, state or country, and ZIP + 4 <u>CINCINNATI, OH 45242-1804</u>	D Employer identification number <u>31-0679091</u>
	F Name and address of principal officer: <u>BARBARA J. BONIFAS</u> <u>4930 CORNELL ROAD CINCINNATI, OH 45242</u>		E Telephone number <u>(513) 489-1025</u>
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (<u>3</u>) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ <u>31,346,295.</u>
	J Website: ▶ <u>WWW.GIRLSGOUTSOFWESTERNOHIO.ORG</u>		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: <u>1965</u> M State of legal domicile: <u>OH</u>

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>GIRL SCOUTING BUILDS GIRLS OF COURAGE, CONFIDENCE, AND CHARACTER, WHO MAKE THIS WORLD A BETTER PLACE.</u>			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	25	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24	
	5	Total number of employees (Part V, line 2a)	5	345	
	6	Total number of volunteers (estimate if necessary)	6	15,000	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a		
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
Revenue	8	Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9	Program service revenue (Part VIII, line 2g)	990,887.	1,971,951.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	519,067.	1,057,166.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	674,399.	-138,088.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,336,815.	8,332,550.	
			5,521,168.	11,223,579.	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	94,795.	154,025.
		14	Benefits paid to or for members (Part IX, column (A), line 4)		NONE
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,118,658.	7,270,337.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)		NONE
			b Total fundraising expenses, Part IX, column (D), line 25) ▶ <u>253,560.</u>		
		17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,139,952.	4,721,639.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,353,405.	12,146,001.	
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	167,763.	-922,422.	
	20	Total assets (Part X, line 16)	Beginning of Year	End of Year	
	21	Total liabilities (Part X, line 26)	15,394,242.	32,466,620.	
	22	Net assets or fund balances. Subtract line 21 from line 20	528,847.	448,155.	
		14,865,395.	32,018,465.		

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ Signature of officer _____	Date _____
	▶ Type or print name and title _____	

Paid Preparer's Use Only	Preparer's signature ▶ _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) <u>P00632071</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <u>BKD, LLP</u> <u>312 WALNUT STREET, SUITE 3000 CINCINNATI, OH 45202</u>	EIN ▶ <u>44-0160260</u>	Phone no. ▶ <u>513-621-8300</u>	

May the IRS discuss this return with the preparer shown above? (See instructions) Yes No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

GIRL SCOUTING BUILDS GIRLS OF COURAGE, CONFIDENCE, AND CHARACTER, WHO MAKE THIS WORLD A BETTER PLACE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes 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 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.

4a (Code:) (Expenses \$ 3,406,194. including grants of \$ 154,025.) (Revenue \$ 9,110,753.)

GIRL SCOUTS OF WESTERN OHIO, 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 \$ 1,419,247. including grants of \$ NONE) (Revenue \$ NONE)

GIRL SCOUTS OF WESTERN OHIO WILL SERVE ONE OUT OF SIX GIRLS IN THE 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 \$ 1,703,097. including grants of \$ NONE) (Revenue \$ 32,343.)

GIRL SCOUTS OF WESTERN OHIO WILL HELP PREPARE GIRLS FOR LIVING IN TODAY'S WORLD THROUGH RECRUITMENT, SCREENING, TRAINING AND SUPPORT OF A DIVERSE CORP 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 \$ 2,933,111. including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 9,461,649. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input checked="" type="checkbox"/>	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Part II</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Part III</i>		<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<input checked="" type="checkbox"/>
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input checked="" type="checkbox"/>	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part II</i>		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<input checked="" type="checkbox"/>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<input checked="" type="checkbox"/>
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<input checked="" type="checkbox"/>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<input checked="" type="checkbox"/>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<input checked="" type="checkbox"/>
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		<input checked="" type="checkbox"/>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<input checked="" type="checkbox"/>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule R, Part VI</i>		<input checked="" type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No columns. Includes questions 1a through 12b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (25); 1b Enter the number of voting members that are independent (24); 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? (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? (X); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9a Does the organization have local chapters, branches, or affiliates? (X); 9b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 (X); 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include: 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (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: a The organization's CEO, Executive Director, or top management official? (X); b Other officers or key employees of the organization? (X); 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? (X); 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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, Another's website, 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 45242-1804 513-489-1025).

Part 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	Federated campaigns	1a 1,368,067.					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e 183,404.					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f 420,480.					
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f ▶		1,971,951.				
	Program Service Revenue	2a	<u>PROGRAM SERVICE FEES</u>	Business Code	1,057,166.	1,057,166.		
		b						
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶		1,057,166.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		544,885.			544,885.	
	4	Income from investment of tax-exempt bond proceeds . . . ▶						
	5	Royalties ▶						
			(i) Real (ii) Personal					
	6a	Gross Rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) ▶						
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	12,580,720. 3,000.				
	b	Less: cost or other basis and sales expenses		13,067,185. 199,508.				
	c	Gain or (loss)		-486,465. -196,508.				
	d	Net gain or (loss) ▶		-682,973.			-682,973.	
	8a	Gross income from fundraising events (not including \$ <u>NONE</u> of contributions reported on line 1c). See Part IV, line 18. a		58,445.				
	b	Less: direct expenses b		8,739.				
	c	Net income or (loss) from fundraising events ▶		49,706.			49,706.	
	9a	Gross income from gaming activities. See Part IV, line 19. a						
	b	Less: direct expenses b						
c	Net income or (loss) from gaming activities ▶							
10a	Gross sales of inventory, less returns and allowances a		15,032,124.					
b	Less: cost of goods sold b		6,847,284.					
c	Net income or (loss) from sales of inventory. ▶		8,184,840.	8,184,840.				
	Miscellaneous Revenue	Business Code						
11a	<u>MISCELLANEOUS</u>		98,004.			98,004.		
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d ▶		98,004.					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		11,223,579.	9,242,006.		9,622.		

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	154,025.	154,025.		
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	498,573.	387,029.	100,841.	10,703.
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	5,485,735.	4,258,433.	1,109,545.	117,757.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	139,080.	107,964.	28,130.	2,986.
9 Other employee benefits	661,532.	513,530.	133,801.	14,201.
10 Payroll taxes	485,417.	376,817.	98,180.	10,420.
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	11,411.	4,594.	6,695.	122.
c Accounting	64,156.	25,830.	37,642.	684.
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	284,156.	114,406.	166,718.	3,032.
12 Advertising and promotion	NONE			
13 Office expenses	NONE			
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	908,819.	896,573.	7,305.	4,941.
17 Travel	306,737.	248,226.	54,407.	4,104.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	77,739.	47,733.	24,210.	5,796.
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	1,217,877.	1,010,838.	158,324.	48,715.
23 Insurance	NONE			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a TELEPHONE AND POSTAGE -----	230,373.	214,040.	11,608.	4,725.
b SUPPLIES AND PRINTING -----	793,437.	744,759.	32,901.	15,777.
c INSURANCE -----	381,092.	10,754.	370,310.	28.
d MISCELLANEOUS -----	445,842.	346,098.	90,175.	9,569.
e -----				
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	12,146,001.	9,461,649.	2,430,792.	253,560.
26 Joint Costs. Check here <input type="checkbox"/> 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				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	272,015.	1	3,492,637.
	2 Savings and temporary cash investments	742,467.	2	1,779,917.
	3 Pledges and grants receivable, net	613,296.	3	943,489.
	4 Accounts receivable, net	4,617.	4	155,321.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use	102,172.	8	301,026.
	9 Prepaid expenses and deferred charges	103,976.	9	120,669.
	10a Land, buildings, and equipment: cost basis	10a 27,184,669.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 12,583,493.	4,001,751.	10c 14,601,176.
	11 Investments - publicly traded securities	9,553,948.	11	10,835,827.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	NONE	15	236,558.
16 Total assets. Add lines 1 through 15 (must equal line 34)	15,394,242.	16	32,466,620.	
Liabilities	17 Accounts payable and accrued expenses	184,896.	17	258,130.
	18 Grants payable	326,589.	18	165,178.
	19 Deferred revenue	17,362.	19	24,847.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	528,847.	26	448,155.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	12,232,873.	27	29,365,250.
	28 Temporarily restricted net assets	855,439.	28	1,078,163.
	29 Permanently restricted net assets	1,777,083.	29	1,575,052.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	14,865,395.	33	32,018,465.	
34 Total liabilities and net assets/fund balances	15,394,242.	34	32,466,620.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 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?	X	
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?		X
b	If "Yes," did the organization undergo the required audit or audits?		

Public Charity Status and Public Support

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization GIRL SCOUTS OF WESTERN OHIO	Employer identification number 31-0679091
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Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of on or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 590(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally Integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 590(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) A family member of a person described in (i) above?	11g(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (See instructions.) 12 42,162,573.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, Percentage. Row 14: Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 71.10 %. Row 15: Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 72.22 %.

16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]

b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-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

b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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 as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
OTHER INCOME	78,021.	96,686.	41,784.	44,225.	98,004.	358,720.
TOTALS	78,021.	96,686.	41,784.	44,225.	98,004.	358,720.

Schedule of Contributors

2008

▶ Attach to Form 990, 990-EZ, and 990-PF.

Name of the organization GIRL SCOUTS OF WESTERN OHIO	Employer identification number 31-0679091
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations 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 Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33¹/₃% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <u>GIRL SCOUTS OF WESTERN OHIO</u>	Employer identification number <u>31-0679091</u>
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<u>UNITED WAY OF GREATER CINCINNATI</u> <u>2400 READING ROAD</u> <u>CINCINNATI, OH 45202</u>	\$ <u>551,185.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<u>CROSSET FAMILY FOUNDATION</u> <u>6 SHELDON CLOSE</u> <u>CINCINNATI, OH 45227</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<u>JODY WAINSCOTT</u> <u>4349 JABBEROO</u> <u>WEST CHESTER, OH 45069</u>	\$ <u>6,050.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<u>UNITED WAY - BUTLER COUNTY</u> <u>323 NORTH THIRD STREET</u> <u>HAMILTON, OH 45011</u>	\$ <u>22,542.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	<u>BARBARA BONIFAS</u> <u>4930 CORNELL ROAD</u> <u>CINCINNATI, OH 45242</u>	\$ <u>6,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	<u>BETSY AND JOHN LAMACCHIA</u> <u>7800 DEER CROSSING</u> <u>CINCINNATI, OH 45243</u>	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <u>GIRL SCOUTS OF WESTERN OHIO</u>	Employer identification number <u>31-0679091</u>
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<u>CHARLES H. DATER FOUNDATION, INC.</u> <u>602 MAIN STREET, SUITE 302</u> <u>CINCINNATI, OH 45202</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<u>DAYTON FOUNDATION</u> <u>40 N. MAIN STREET, #500</u> <u>DAYTON, OH 45423</u>	\$ <u>5,850.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<u>DAYTON POWER AND LIGHT FOUNDATION</u> <u>P.O. BOX 13615</u> <u>DAYTON, OH 45413</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	<u>ESTATE OF GLORIA MAULBETSCH</u> <u>1000 JACKSON STREET</u> <u>TOLEDO, OH 43604</u>	\$ <u>7,280.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	<u>KATHRYN K. MCMULLEN</u> <u>7338 WATERPOINT LANE</u> <u>CINCINNATI, OH 45255</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	<u>KETTERING FOUNDATION</u> <u>1560 KETTERING TOWER</u> <u>DAYTON, OH 45423</u>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization GIRL SCOUTS OF WESTERN OHIO	Employer identification number 31-0679091
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	<u>LEVIN FAMILY FOUNDATION</u> <u>111 WEST FIRST STREET, SUITE 849</u> <u>DAYTON, OH 45402</u>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	<u>MIKESELL FUND C/O DAYTON FOUNDATION</u> <u>40 NORTH MAIN STREET, #500</u> <u>DAYTON, OH 45423</u>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	<u>NANCY DAWES</u> <u>11426 KEMPERKNOLL LANE</u> <u>CINCINNATI, OH 45249</u>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	<u>NATIONAL CITY</u> <u>1 EAST FOURTH STREET</u> <u>CINCINNATI, OH 45202</u>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	<u>SUTPHIN FAMILY FOUNDATION/PNC</u> <u>201 EAST FIFTH STREET</u> <u>CINCINNATI, OH 45202</u>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	<u>VIRGINIA KETTERING FOUNDATION</u> <u>1480 KETTERING TOWER</u> <u>DAYTON, OH 45423</u>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	CELINA COMBINED SERVICES P.O. BOX 107 CELINA, OH 45822	\$ 7,172.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	UNITED WAY OF CLARK, CHAMPAIGN & MADISON 120 SOUTH CENTER STREET, 2ND FLOOR SPRINGFIELD, OH 45501	\$ 23,280.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	UNITED WAY OF CLINTON COUNTY, INC. 31 WEST MAIN STREET WILMINGTON, OH 45177	\$ 9,209.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	UNITED WAY OF DEFIANCE COUNTY 511 PERRY STREET, P.O. BOX 351 DEFIANCE, OH 43512	\$ 9,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	UNITED WAY OF GREATER DAYTON AREA 184 SALEM AVENUE DAYTON, OH 45406	\$ 85,297.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	UNITED WAY OF DEARBORN & OHIO COUNTIES P.O. BOX 3465 LAWRENCEBURG, IN 47025	\$ 5,496.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization GIRL SCOUTS OF WESTERN OHIO	Employer identification number 31-0679091
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	<u>UNITED WAY OF GREATER LIMA</u> <u>616 S. COLLETT STREET</u> <u>LIMA, OH 45805</u>	\$ <u>92,077.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	<u>UNITED WAY OF GREATER TOLEDO</u> <u>ONE STRANAHAN SQUARE</u> <u>TOLEDO, OH 43604</u>	\$ <u>241,551.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	<u>UNITED WAY OF HANCOCK COUNTY</u> <u>245 STANFORD PARKWAY</u> <u>FINDLAY, OH 45840</u>	\$ <u>55,688.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	<u>UNITED WAY OF HARDIN COUNTY</u> <u>225 S. DETROIT STREET</u> <u>KENTON, OH 43326</u>	\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	<u>UNITED WAY OF HENRY COUNTY</u> <u>611 NORTH PERRY STREET</u> <u>NAPOLEON, OH 43545</u>	\$ <u>8,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	<u>UNITED WAY OF LOGAN COUNTY</u> <u>122 NORTH MAIN STREET</u> <u>BELLEFONTAINE, OH 43311</u>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	PIQUA AREA UNITED WAY 326 N. MAIN STREET, P.O. BOX 631 PIQUA, OH 45356	\$ 11,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	UNITED WAY OF PUTNAM COUNTY 118 N. HICKORY STREET, P.O. BOX 472 OTTAWA, OH 45875	\$ 24,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	SHELBY COUNTY UNITED WAY 121 EAST NORTH STREET SIDNEY, OH 45365	\$ 56,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	UNITED WAY OF TROY P.O. BOX 36 TROY, OH 45373	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	WARREN COUNTY UNITED WAY 645 OAK STREET LEBANON, OH 45036	\$ 57,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	UNITED WAY OF FOSTORIA, OHIO 202 SOUTH MAIN STREET, P.O. BOX 186 FOSTORIA, OH 44830	\$ 9,340.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization GIRL SCOUTS OF WESTERN OHIO	Employer identification number 31-0679091
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	UNITED WAY OF VAN WERT COUNTY 109 WEST MAIN STREET VAN WERT, OH 45891	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

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.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor informed consent.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for 'Held at the End of the Year' with rows 2a-2d, and questions 3-9 regarding modifications, states, monitoring, and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 3 regarding reporting requirements and amounts for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if 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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e 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 XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,123,582.				
b Contributions	NONE				
c Investment earnings or losses	-521,924.				
d Grants or scholarships	NONE				
e Other expenditures for facilities and programs	26,606.				
f Administrative expenses					
g End of year balance	1,575,052.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ 100.0000 %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	x	
3a(ii)		x
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		4,365,680.		4,365,680.
b Buildings		18,376,878.	12,583,493.	5,793,385.
c Leasehold improvements				
d Equipment		4,135,219.		4,135,219.
e Other		306,892.		306,892.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				14,601,176.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		

Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) ▶	236,558.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount	
Federal income taxes		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶		

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.

Part XIV Supplemental Information (continued)

COST OF GOODS SOLD

FORM 990, PART VIII - STATEMENT OF REVENUE, LINE 10B

THIS AMOUNT IS THE COST OF PRODUCT SALES INCLUDED IN REVENUE ON THE 2008

FORM 990.

EXPENSES RELATED TO SPECIAL EVENTS

FORM 990, PART VIII - STATEMENT OF REVENUE, LINE 8B

THIS AMOUNT REPRESENTS THE EXPENSES DIRECTLY RELATED TO 2008 SPECIAL

EVENT ACTIVITY REPORTED ON THE FORM 990.

LOSS ON SALE OF ASSETS

FORM 990, PART VIII - STATEMENT OF REVENUE, LINE 7B, COLUMN II

THIS AMOUNT REPRESENTS THE EXPENSES DIRECTLY RELATED TO 2008 LOSS ON SALE

OF FIXED ASSETS REPORTED ON THE FORM 990.

NET ASSETS FROM MERGER

SCHEDULE D, PART XI, LINE 8 - OTHER

THIS AMOUNT REPRESENTS NET ASSETS FROM MERGER WITH GIRL SCOUTS OF MAUMEE

VALLEY, GIRLS SCOUTS OF BUCKEYE TRAILS, GIRL SCOUTS OF APPLESEED RIDGE ON

JANUARY 1, 2008.

Part XIV Supplemental Information (continued)

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.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))		
		WINGS (event type)	GOLF (event type)	4 (total number)			
Revenue	1	Gross receipts	23,010.	15,776.	19,659.	58,445.	
	2	Less: Charitable contributions	NONE	NONE	NONE	NONE	
	3	Gross revenue (line 1 minus line 2)	23,010.	15,776.	19,659.	58,445.	
Direct Expenses	4	Cash prizes	NONE	NONE	NONE	NONE	
	5	Non-cash prizes	NONE	415.	NONE	415.	
	6	Rent/facility costs	NONE	3,696.	NONE	3,696.	
	7	Other direct expenses	2,198.	1,866.	564.	4,628.	
	8	Direct expense summary. Add lines 4 through 7 in column (d)					(8,739.)
	9	Net income summary. Combine lines 3 and 8 in column (d)					49,706.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))		
Revenue	1	Gross revenue					
	2	Cash prizes					
Direct Expenses	3	Non-cash prizes					
	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No		
	7	Direct expense summary. Add lines 2 through 5 in column (d)					()
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a	%	
b	An outside facility	13b	%	
14	Provide the name and address of the person who prepares the organization's gaming/special event books and records:			
	Name ▶ _____			
	Address ▶ _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.			
c	If "Yes," enter name and address:			
	Name ▶ _____			
	Address ▶ _____			
16	Gaming manager information:			
	Name ▶ _____			
	Gaming manager compensation ▶ \$ _____			
	Description of services provided ▶ _____			
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

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.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
MEMBERSHIP ASSISTANCE TO SPECIFIC INDIVIDUALS	11,142		111,421.	FMV	VOUCHER FEE
SCOUTERSHIP	1,420		42,604.	FMV	VOUCHER FEE

Part IV Supplemental Information. Complete this 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 INDIVIDUALS. THESE VOUCHERS GENERATE AN INTERNAL TRANSFER OF FUNDS _____

FOR REQUIRED DUES OR EVENT FEES FOR THESE INDIVIDUALS. _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

GIRL SCOUTS OF WESTERN OHIO

Employer identification number

31-0679091

Part I Questions Regarding Compensation

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.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If 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 explain

2 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?

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.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** 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.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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:

- a** The organization?
- b** Any related organization?
- 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 payments not described in lines 5 and 6? If "Yes," describe in Part III

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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		<input checked="" type="checkbox"/>
2	<input checked="" type="checkbox"/>	
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2008

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.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BARBARA BONIFAS	(i)	181,087.	46,543.	4,500.	NONE	21,723.	253,853.	159,300.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT OF HOUSING ALLOWANCE
 FORM 990, SCHEDULE J, PART I, LINE 1B

A HOUSING ALLOWANCE WAS ISSUED TO ONE KEY EMPLOYEE FOR PART OF 2008 TO
 ASSIST WITH SHORT TERM LOGISTICS OF THE MERGER. THIS ARRANGEMENT WAS
 TEMPORARY AND NOT A NORMAL PRACTICE. THE ARRAGEMENT HAS CEASED AND THERE
 IS NO PLAN TO REINSTATE THIS PRACTICE FOR ANY OTHER EMPLOYEES. A COPY OF
 THE REQUISITION FOR PAYMENT IS ON FILE IN THE ACCOUNTS PAYABLE DEPARTMENT
 OF THE GIRL SCOUTS OF WESTERN OHIO.

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

GIRL SCOUTS OF WESTERN OHIO

31-0679091

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KIMBERLY S AMERINE BOARD MEMBER	1.	X					NONE	NONE	NONE	
JUDITH BARNARD BOARD MEMBER	1.	X					NONE	NONE	NONE	
JERRY BROSE BOARD MEMBER	1.	X					NONE	NONE	NONE	
DALE A GOLDBERG BOARD MEMBER	1.	X					NONE	NONE	NONE	
MARJORIE HOUCK BOARD MEMBER	1.	X					NONE	NONE	NONE	
KAREN HUELSMAN BOARD MEMBER	1.	X					NONE	NONE	NONE	
CATHERINE INGRAM BOARD MEMBER	1.	X					NONE	NONE	NONE	
ELLEN IOBST BOARD MEMBER	1.	X					NONE	NONE	NONE	
WIJDAN JREISAT BOARD MEMBER	1.	X					NONE	NONE	NONE	
MARY ANN KNOOP BOARD MEMBER	1.	X					NONE	NONE	NONE	
SUSAN GANTZ MATZ BOARD MEMBER	1.	X					NONE	NONE	NONE	
KATHRYN K MCMULLEN BOARD MEMBER	1.	X					NONE	NONE	NONE	
CAROL S SANDERS BOARD MEMBER	1.	X					NONE	NONE	NONE	
CHERYL TYLER-FOLSOM BOARD MEMBER	1.	X					NONE	NONE	NONE	
JANICE VON DER EMBSE BOARD MEMBER	1.	X					NONE	NONE	NONE	
CHRISTI M WEST BOARD MEMBER	1.	X					NONE	NONE	NONE	
NANCY DAWES CHAIRPERSON	10.			X			NONE	NONE	NONE	
JODY WAINSCOTT TREASURER	5.			X			NONE	NONE	NONE	
DEBBIE M. WATTS ROBINSON 2ND VICE CHAIR PERSON	2.			X			NONE	NONE	NONE	
MARGARET G. BECK 1ST VICE CHAIR PERSON	2.			X			NONE	NONE	NONE	
SHARON L. SMITH SECRETARY	2.			X			NONE	NONE	NONE	

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

Schedule J-2 (Form 990) 2008

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

GIRL SCOUTS OF WESTERN OHIO

Employer identification number

31-0679091

SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

FORM 990, PART VI, LINE 4

THIS IS THE FIRST FORM 990 TO BE FILED AS A NEW ORGANIZATION, FOLLOWING

THE MERGER OF FOUR SEPARATE GIRL SCOUT COUNCILS. THE NEW COUNCIL HAS

CREATED NEW ORGANIZATIONAL DOCUMENTS, INCLUDING BYLAWS AND ARTICLES OF

INCORPORATION.

Name of the organization

Employer identification number

GIRL SCOUTS OF WESTERN OHIO

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.

Name of the organization

Employer identification number

GIRL SCOUTS OF WESTERN OHIO

31-0679091

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.

Name of the organization

Employer identification number

GIRL SCOUTS OF WESTERN OHIO

31-0679091

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

FORM 990, PART VI, LINE 10

THIS WAS THE FIRST YEAR IN WHICH THE NEWLY MERGED ORGANIZATION IS FILING

A 990. IN THE PAST, THE CEO, AND EX OFFICIO MEMBER OF THE BOARD,

REVIEWED THE FORM 990. FOR THE CURRENT YEAR, THE FORM 990 WILL BE MADE

AVAILABLE TO ALL BOARD MEMBERS FOR REVIEW.

Name of the organization

Employer identification number

GIRL SCOUTS OF WESTERN OHIO

31-0679091

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.

Name of the organization

Employer identification number

GIRL SCOUTS OF WESTERN OHIO

31-0679091

COMPENSATION DETERMINATION OF ORG'S CEO, EXEC DIRECTOR, OR TOP MGMT OFFICIAL

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.

Name of the organization

Employer identification number

GIRL SCOUTS OF WESTERN OHIO

31-0679091

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 RANKS

SALARIES BASED ON SCOPE OF POSITION AND COMPARISON WITH SIMILAR POSITIONS

OF OTHER ORGANIZATIONS.

Name of the organization

Employer identification number

GIRL SCOUTS OF WESTERN OHIO

31-0679091

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 DOCUMENTS ARE PROVIDED TO THE GENERAL PUBLIC UPON REQUEST.