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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)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

		A F	or the 2	007 calendar year, or tax year beginning OCT 1, 2007 and ending SEP	30, 2	800	
Comparison Circle Courts Circle Courts Circle Courts Circle			heck if	Please C Name of organization	D Em	ployer id	lentification number
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Number and street (or P.O. box of maid a not detweed to street address) Room/surle 406-252-0488			Address change	print of GIRL SCOUTS OF MONTANA & WYOMING	_ 8	1-60	01486
			Name change	type Number and street (or P.O. hox if mail is not delivered to street address) Room/su	ephone r	number	
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Section 50 (16)3 grants attains an 4947(a)(1) perceived section 52 programs and 52			Termin-	Instruct			
Revenue		\vdash	Amende				
No contributions of the completed Schedule A (Form 990 or 990-£2) H(a) is the a protup return for artificiates N/A Ves N/A Ve		\vdash					
Mobility Motivation Moti			a pending	must attach a completed Schedule A (Form 900 or 990 E7)			
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C Check here		1 0	rnaniza	tion type (check only one) \(\bigve{X}\) 501(c) (3) \(\bigve{A}\) ((nsert no.) \(\bigve{A}\) 4947(a)(1) or \(\bigve{A}\) 527 \(\bigve{H}(c)\) Are all affulial			
Contributions of long and potential space of the action of the complete return. 1.0				(If "No," attac	h a list.)		
Concess to file a return, be sure to file a complete return.				[II(u) 13 till3 a 30pt	irate retur overed hv	n filed by a oroup	ruling? Yes X No
Cross recepts: Add lines 6b, 8b, 9b, and 10b to hine 12							
Corross receipts: Add lines 6b, 8b, 9b, and 10b to line 12					_		
Part		ı G	ross red			-	· ·
1 Contributions, girls, grants, and similar amounts received: 2 Contributions to donor advised funds 1 1 1 1 1 1 1 1 1					,	•	*
12 12 12 13 14 15 15 15 15 15 15 15							
Direct public support (not included on line 1a) 1b							
Comparison Com				├───┼	562.	1	
Comparison Co							
Program service revenue including government fees and contracts (from Part VII, line 93) 1							
2 Program service revenue including government fees and contracts (from Part VIII, line 93) 2 149,511.				· · · · · · · · · · · · · · · · · · ·	1	1	166 692.
3					/		149.511.
Interest on savings and temporary cash investments 5 5 54,795.							
Solution Section Se				·			
Second						 	54.795.
December				, i	476.		331,333
C Net rental income or (loss). Subtract line 6b from line 6a C Other investment income (describe ► B a Gross amount from sales of assets other than inventory b Less: cost of principles and sales expenses C Gain or (loss) Combine line 8c, cusprins (A) and (B) S Special events and \$16 lite (1) fairly amount is from gaming, check here ► C Securities C Neu incords (10 lites) than special events and allowances D O of combinebons reported on line 1b) D Less: cost of goods sold C Gross prior (loss) from sales of inventory, less returns and allowances Neu incords (10 lites) from sales of inventory (attach schedule). Subtract line 10b from line 10a C Gross prior (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a C Gross prior (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a C Gross prior (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a C Gross prior (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a C Gross prior (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a C Gross prior (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a C Gross prior (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a C Gross prior (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a C Gross prior (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a C Gross prior (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a C Gross prior (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a C Gross prior (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a C Gross prior (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a C Gross prior (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a C Gross prior (loss) from s						1	
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b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 11		Jue)		· · · · · · · · · · · · · · · · · · ·
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 11) ve	8 a				
C Gain or (Idas) Tartach sent Orbite 817. 8c 4,400. 8d 5,217. 8d 5,217	\mathbb{Q}	ĕ					
C Gain or (Idas) Tartach sent Orbite 817. 8c 4,400. 8d 5,217. 8d 5,217	70		b				
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A control of the co	\mathbf{Z}			Special events and activities (affach schedule). If any amount is from gaming, check here			
11 Other revenue (from Part VII, line 103) 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses. Add lines 16 and 44, column (A) 18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 3, 780, 885.	=		a	Gross greydnue (not including \$ 0. of contributions reported on line 1b) 9a 265	511.	j l	
11 Other revenue (from Part VII, line 103) 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses. Add lines 16 and 44, column (A) 18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 3, 780, 885.	\Box				951.		
11 Other revenue (from Part VII, line 103) 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses. Add lines 16 and 44, column (A) 18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 3, 780, 885.	삊		С		Ր 4	9c	145,560.
11 Other revenue (from Part VII, line 103) 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses. Add lines 16 and 44, column (A) 18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 3, 780, 885.	2		10 a	Gross sales of inventory, less returns and allowances 10a 1,602	164.		
11 Other revenue (from Part VII, line 103) 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses. Add lines 16 and 44, column (A) 18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 3, 780, 885.	S.		b	Less: cost of goods sold 10b 484	983.]	
11 Other revenue (from Part VII, line 103) 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses. Add lines 16 and 44, column (A) 18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 3, 780, 885.	0		C	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a STM!	r 5	10c	
Program services (from line 44, column (B)) 13	•0		11	Other revenue (from Part VII, line 103)		11	7,139.
Management and general (from line 44, column (C)) Fundraising (from line 44, column (D)) Payments to affiliates (attach schedule) Total expenses. Add lines 16 and 44, column (A) Excess or (deficit) for the year. Subtract line 17 from line 12 Net assets or fund balances at beginning of year (from line 73, column (A)) Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year. Combine lines 18, 19, and 20 14			12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	1,658,571.
17 Total expenses. Add lines 16 and 44, column (A) 18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 17 2,188,230. 18 -529,659. 19 1,787,170. 20 2,523,374. 21 3,780,885.			13	Program services (from line 44, column (B))		13	1,885,664.
17 Total expenses. Add lines 16 and 44, column (A) 18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 17 2,188,230. 18 -529,659. 19 1,787,170. 20 2,523,374. 21 3,780,885.		ses	14	Management and general (from line 44, column (C))		14	265,248.
17 Total expenses. Add lines 16 and 44, column (A) 18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 17 2,188,230. 18 -529,659. 19 1,787,170. 20 2,523,374. 21 3,780,885.)eu	15	Fundraising (from line 44, column (D))		15	37,318.
18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 SEE STATEMENT 6 20 2,523,374. 21 3,780,885.		EX	16	Payments to affiliates (attach schedule)		16	
19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 3,780,885.			17	Total expenses. Add lines 16 and 44, column (A)		17	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 3, 780, 885.			18	Excess or (deficit) for the year. Subtract line 17 from line 12		18	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 3, 780, 885.		ets		Net assets or fund balances at beginning of year (from line 73, column (A))		19	
		ASS	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT	r 6	20	
				Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21	

Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) Part II **Functional Expenses** and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Do not include amounts reported on line (B) Program (C) Management (D) Fundraising (A) Total 6b, 8b, 9b, 10b, or 16 of Part I. and general services 22a Grants paid from donor advised funds (attach schedule) 0 _ noncash \$_ (cash \$ If this amount includes foreign grants, check here 22b Other grants and allocations (attach schedule) 0 _ noncash \$_____ If this amount includes foreign grants, check here 22b 23 Specific assistance to individuals (attach 23 schedule) 24 Benefits paid to or for members (attach schedule) 24 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A 0 0 0. 0. 25a b Compensation of former officers, directors, key 0 0. 0. 0. employees, etc. listed in Part V-B 25b c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c 26 Salaries and wages of employees not 657,419. 77,572. 15,268. included on lines 25a, b, and c 26 750,259. 27 Pension plan contributions not included on 27 lines 25a, b, and c 28 Employee benefits not included on lines 114,877. 10,369. <u>102,211.</u> 2,297. 25a · 27 28 29 98,207. 86,661. 9,582. 1,964. 29 Payroll taxes 30 Professional fundraising fees 30 31 Accounting fees 31 32 32 Legal fees 35. 33 49,948. 40,420. 9,493. 33 Supplies 40,466. 34,185 6,281. 34 Telephone 34 9,671. 3,005 283. 35 12,959. 35 Postage and shipping <u> 167,983</u>. 151,589 16,394 36 36 Occupancy 37 Equipment rental and maintenance 37 15,874. 12,308. 3,566. 43,704. 40,784 2,700. 220. 38 38 Printing and publications 146,029. 120,834 22,002. 3,193. 39 Travel 39 15,055. 11,010. 4,045. 40 Conferences, conventions, and meetings 40 41 Interest 41 69,705 58,900 10,805 42 42 Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize) 43a 43b 43c 43d 43e 43f g SEE STATEMENT 7 43g 663,164. 559,672. 89,434. 14,058. 44 Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B)-(D), 2,188,230. carry these totals to lines 13-15) 1,885,664. 265,248. 37,318. Joint Costs. Check ▶ ☐ If you are following SOP 98-2. Yes X No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? If "Yes," enter (i) the aggregate amount of these joint costs N/A; (ii) the amount allocated to Program services AN/A ; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A Form 990 (2007) 723011 12-27-07

Part III | Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

rganizations must describ ts served, publications is nizations and 4947(a)(1) i TO INSPIRE GI CONDUCT, PATE	sued, etc Discuss ac nonexempt charitable	nievements that are	not measurable (Sec		er of	(Required for 501(c)(3) and (4) orgs., and
CONDUCT, PATE	RLS WITH TH		or the amount or gran	ts and allocations to c	others)	4947(a)(1) trusts, but optional for others)
HAPPY AND RES		SERVICE SO				
Grants and allocations	\$) If this a	mount includes foreig	n grants, check here	> □	1,885,664.
Grants and allocations	\$) If this a	mount includes foreig	n grants, check here	>	
Grants and allocations	\$) If this a	mount includes foreig	n grants, check here	>	
Other program services (a	\$ attach schedule)				▶ □	
	(Grants and allocations (Grants and allocations (Grants and allocations (Grants and allocations Other program services ((Grants and allocations	(Grants and allocations \$ (Grants and allocations \$	(Grants and allocations \$) If this a (Grants and allocations \$) If this a (Grants and allocations \$) If this a Other program services (attach schedule) (Grants and allocations \$) If this a	(Grants and allocations \$) If this amount includes foreign (Grants and allocations and Grants and	Grants and allocations \$) If this amount includes foreign grants, check here Grants and allocations \$) If this amount includes foreign grants, check here Grants and allocations \$) If this amount includes foreign grants, check here Grants and allocations \$) If this amount includes foreign grants, check here Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here	Grants and allocations \$) If this amount includes foreign grants, check here Grants and allocations \$) If this amount includes foreign grants, check here Grants and allocations \$) If this amount includes foreign grants, check here Grants and allocations \$) If this amount includes foreign grants, check here Grants and allocations \$) If this amount includes foreign grants, check here Grants and allocations \$) If this amount includes foreign grants, check here Grants and allocations \$) If this amount includes foreign grants, check here Grants and allocations \$) If this amount includes foreign grants, check here Grants and allocations \$) If this amount includes foreign grants, check here Grants and allocations \$) If this amount includes foreign grants, check here Grants and allocations \$) If this amount includes foreign grants, check here Grants and allocations \$) If this amount includes foreign grants, check here Grants and allocations \$) If this amount includes foreign grants, check here Grants and allocations \$) If this amount includes foreign grants, check here Grants and allocations \$) If this amount includes foreign grants, check here Grants and allocations \$) If this amount includes foreign grants, check here Grants and allocations \$) If this amount includes foreign grants, check here Grants and allocations \$) If this amount includes foreign grants, check here Grants and allocations \$) If this amount includes foreign grants, check here Grants and allocations \$) If this amount includes foreign grants, check here Grants and allocations \$) If this amount includes foreign grants, check here Grants and allocations \$) If this amount includes foreign grants, check here Grants and allocations \$) If this amount includes foreign grants, check here Grants and allocations \$) If this amount includes foreign grants, check here Grants and allocations \$)

GIRL SCOUTS OF MONTANA & WYOMING

81-6001486

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Form 990 (2007)

Form 990 (2007) GIRL SCOUTS OF MON			<u>81-6001</u>	<u>486</u>		age 6
Part V-A Current Officers, Directors, Trustees, an	d Key Employees (continu	ıed)			Yes	No
75 a Enter the total number of officers, directors, and trustees perm meetings	itted to vote on organization bu	siness at board	15			
b Are any officers, directors, trustees, or key employees listed in listed in Schedule A, Part I, or highest compensated profession Part II-A or II-B, related to each other through family or business.	al and other independent conti	ractors listed in Sci	hedule A,			
the individuals and explains the relationship(s)				75b		<u>X</u>
c Do any officers, directors, trustees, or key employees listed in I listed in Schedule A, Part I, or highest compensated profession Part II-A or II-B, receive compensation from any other organization? See the instructions for the definition of "related	al and other independent conti ions, whether tax exempt or tax	ractors listed in Sci	hedule A,	75.0		x
If "Yes," attach a statement that includes the information described	J			75c		
d Does the organization have a written conflict of interest policy?				75d	x	
Part V-B Former Officers, Directors, Trustees, and	Key Employees That F	Received Com	pensation			
Benefits (If any former officer, director, trustee, or k						ing
the year, list that person below and enter the amount	of compensation or other bene					
(A) Name and address NONE	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions employee benefi plans & deferred compensation pla	i a	E) Expe count er allow	and
	- -					
				<u> </u>		
			:	;		
				ŀ		
			<u> </u>			
Part VI Other Information (See the instructions.)					Yes	No
76 Did the organization make a change in its activities or methods statement of each change	of conducting activities? If "Ye	s," attach a detaile	ed	76		X
Were any changes made in the organizing or governing docum	ents but not reported to the IRS	5?		77		X
If "Yes," attach a conformed copy of the changes	ents but not reported to the link	J:		,,		
78 a Did the organization have unrelated business gross income of	\$1,000 or more during the year	covered by this re		78a		<u>X</u>
b If "Yes," has it filed a tax return on Form 990-T for this year?		-	N/A	78b		
79 Was there a liquidation, dissolution, termination, or substantial	• •			79		<u>X</u>
80 a Is the organization related (other than by association with a sta membership, governing bodies, trustees, officers, etc., to any officers.		_	on	80a		х
b If "Yes," enter the name of the organization ► N/A						
	and check whether it is	exempt or	nonexempt	!		
81 a Enter direct and indirect political expenditures (See line 81 ins	tructions)	81a	0.	İ		
b Did the organization file Form 1120-POL for this year?		-		81b	لــــا	<u>X</u>
				Form	990	(2007)

	990 (2007) GIRL SCOUTS OF MONTANA & WYOMING 81-6003	<u> 486</u>	Yes	age 7
<u>Par</u>		T	163	140
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially	82a		х
	less than fair rental value? If "Yes," you may indicate the value of these items here Do not include this	UZa		
	amount as revenue in Part I or as an expense in Part II	!		ł
	(See instructions in Part III)			l
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	х	ĺ
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible?	84b		1
	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members? N/A	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			
	waiver for proxy tax owed for the prior year			1
C	Dues, assessments, and similar amounts from members 85c N/A	_		
d	Section 162(e) lobbying and political expenditures 856 N/A			1
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	1		1
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	1		1
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year? N/A	85h		<u> </u>
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on			ĺ
	Ine 12 86a N/A	4		ĺ
	Gross receipts, included on line 12, for public use of club facilities 86b N/A	-		ĺ
	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A	4		
	Gross income from other sources (Do not net amounts due or paid to other sources	1		ĺ
	against amounts due or received from them) 87b N/A	4		
	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3?	00-		
	If "Yes," complete Part IX	88a		X
	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of	001		х
	section 512(b)(13)? If "Yes," complete Part XI	88b		_^
	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ► 0 • ; section 4915 ► 0 •			
	section 4911 ► 0 • ; section 4912 ► 0 • ; section 4955 ► 0 • 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit		!	
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?		l	1
	If "Yes," attach a statement explaining each transaction	89ь	ŀ	Х
	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under	1		
·	sections 4912, 4955, and 4958	1		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	1		1
	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		х
	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		Х
	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,			
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a	List the states with which a copy of this return is filed ▶NONE			
	Number of employees employed in the pay period that includes March 12, 2007			17
91 a	The books are in care of ► HOLLY CARTER Telephone no. ► 406-2	52-0	488	
	Located at ► 735 GRAND AVENUE, BILLINGS, MT ZIP+4 ►		1	, · · ·
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If "Yes," enter the name of the foreign country ▶N/A			ŀ
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts		<u> </u>	<u> </u>
		Form	990	(2007)

Form 990 (2007) GIRL SCOUTS Part VI Other Information (continued)	OF MON	TANA & WYOMI	NG	81-6	6001486 Page 8 Yes No
		stain on office outside o	f the Linut	nd States?	91c X
c At any time during the calendar year, did the orgalif "Yes," enter the name of the foreign country		N/A	r the Onite	ed States,	91C A
92 Section 4947(a)(1) nonexempt charitable trusts file			hack hare		
and enter the amount of tax-exempt interest rece	•		TICON TICIO	▶ 92	N/A
Part VII Analysis of Income-Producing					
Note: Enter gross amounts unless otherwise	· · · · · · · · · · · · · · · · · · ·	ed business income	Excluded	by section 512, 513, or 514	/5\
indicated	(A)	(B)	(C)	(D)	(E) Related or exempt
93 Program service revenue	Business code	Amount	Exclu- sion code	Amount	function income
a CAMPING FEES	0000		Code		149,511.
			 -		
	-	•	 		
c				-	
G			 		
6 Madeaus/Madeaud payments			 		
f Medicare/Medicaid payments	ļ		 		
g Fees and contracts from government agencies			+ +		
94 Membership dues and assessments			 		
95 Interest on savings and temporary cash investments			14	54,795.	
96 Dividends and interest from securities			1 4	34,793.	
97 Net rental income or (loss) from real estate:					
a debt-financed property		<u></u>	+		12 476
b not debt-financed property		·-···	+		12,476.
98 Net rental income or (loss) from personal property	' 		+		
99 Other investment income			+		
100 Gain or (loss) from sales of assets			1 1	r 017	
other than inventory			18	5,217.	145 560
101 Net income or (loss) from special events			 		145,560.
102 Gross profit or (loss) from sales of inventory					1,117,181.
103 Other revenue					T 120
a MISCELLANEOUS REVENUE					7,139.
b			-		
C	-		+		
d			+		
e		0		60.010	1 121 067
104 Subtotal (add columns (B), (D), and (E))		0.	·L	60,012.	1,431,867.
105 Total (add line 104, columns (B), (D), and (E))		0.0-41		▶.	1,491,879.
Note: Line 105 plus line 1e, Part I, should equal the am			- A D		
Part VIII Relationship of Activities to the					
Line No Explain how each activity for which income is re			d importan	itly to the accomplishment o	of the organization's
exempt purposes (other than by providing funds					
		ERSHIP SUPPO		TRAINING AND	
RESOURCES USED TO ENHA	NCE HUM	AN GROWTH AN	1D DE	VELOPMENT OF	GIRLS.
D-AW Information Demonstrate Toronto	Coloidia	ing and Discount		Min = 40	
Part IX Information Regarding Taxable (A) (B)	Subsidiar	(C)	ea Enti	(D)	ns) (E)
Name, address, and EIN of corporation, Percentage of	of	Nature of activities		Total income	End-of-year assets
partnership, or disregarded entity ownership inte	rest				assefs
	%				
N/A	_%				
	%				
	%				 _
Part X Information Regarding Transfe		· · · · · · · · · · · · · · · · · · ·			
(a) Did the organization, during the year, receive any funds	, directly or indi	rectly, to pay premiums or	n a persona	al benefit contract?	Yes X No
(b) Did the organization, during the year, pay premiums, di	-		ontract?		Yes X No
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructior	ns)			
					Form 990 (2007)

Form 990	(2007) GIRL SCOUTS OF MONTANA		81-6003		age 9
Part X			es. Complete only if the organiza	ation is a	
	controlling organization as defined in section 512(b)(13)	N/A			
				Yes	No
	the reporting organization make any transfers to a controlled entity a	is defined in section	512(b)(13) of the Code? If "Yes,"		
cor	nplete the schedule below for each controlled entity.				L
	(A)	_ (B)	(C)	(D)	
	Name, address, of each	Emplóyer Identification	Description of	Amount of	of
	controlled entity	Number	transfer	transfer	•
a					
"					
ь					
-					
c			į		
	Totals				
				Yes	No
107 Did	I the reporting organization receive any transfers from a controlled en	tity as defined in sec	ction 512(b)(13) of the Code? If "	Yes,"	
cor	mplete the schedule below for each controlled entity				
	(A)	(B)	(C)	(D)	
	Name, address, of each	Employer Identification	Description of	Amount o	
	controlled entity	Number	transfer	transfer	
a					
ь					
c					
····					
	Totals	· · · · · · · · · · · · · · · · · · ·			
				Yes	No
108 Did	I the organization have a binding written contract in effect on August 1	17, 2006, covering th	ne interest, rents, royalties, and		
anr	nuities described in question 107 above?				
	Under penalties of perjury, I declare that I have examined this return, including accompany and complete. Declaration of preparer (other than officer) is based on all information of white	ing schedules and stateme ch preparer has any knowle	nts, and to the best of my knowledge and bidge	elief, it is true, con	rect,
Please	1/1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/		1/1/0/	^	
	polle C. Clercer		111/9/	04	
Sign	Signature of officer		Date 1		
Here	Holly 1. Carter 1	*U			
	Type or print name and tine				
Daid	Preparer's & Sumberly E. 1800	Date		or PTIN (See Gen	Inst X
Paid Dannarai'a	signature KIMBERLY E. DARE	11/19/09	self- employed >		
Preparer's	Firm's name (or GALUSHA HIGGINS & GALUSHA	, PC	EIN ►		
Use Only	self-employed), 303 N. BROADWAY #503	-			
	address, and ZIP+4 BILLINGS, MT 59103		Phone no. ► 406-	248-168	1
				Form 990	

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

yamzation		i i	cilipioyei idelidii	
		Officers, Dire		
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and othe allowances
				_
		:		:
<u> </u>	0			
,	•		ional Service	es
(a) Name and address of each independent contractor paid more th	an \$50,000	(b) Type of	service	(c) Compensation
	0			
(List each contractor who performed services other than profession	onal services, whether individ		ervices	
(a) Name and address of each independent contractor paid more th	an \$50,000	(b) Type of	service	(c) Compensation
of other contractors receiving over her services	0			
	GIRL SCOUTS OF MONTANA & Compensation of the Five Highest Paid Emp (See page 1 of the instructions. List each one If there are none, et (a) Name and address of each employee paid more than \$50,000 Compensation of the Five Highest Paid Inde (See page 2 of the instructions. List each one (whether individuals) (a) Name and address of each independent contractor paid more the of others receiving over of essional services Compensation of the Five Highest Paid Inde (List each contractor who performed services other than profession firms. If there are none, enter "None." See page 2 of the instruction."	GIRL SCOUTS OF MONTANA & WYOMING Compensation of the Five Highest Paid Employees Other Than (See page 1 of the instructions. List each one If there are none, enter 'None.') (a) Name and address of each employee paid more than \$50,000 Compensation of the Five Highest Paid Independent Contracto (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, etc. (a) Name and address of each independent contractor paid more than \$50,000 Compensation of the Five Highest Paid Independent Contractor (List each contractor who performed services other than professional services, whether individ firms. If there are none, enter 'None.' See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000	GIRL SCOUTS OF MONTANA & WYOMING Compensation of the Five Highest Paid Employees Other Than Officers, Dire (See page 10 the instructions. List each one If there are none, enter "None.") (a) Name and address of each employee paid more than \$50,000 (b) Title and average hours per week devoted to position position Compensation of the Five Highest Paid Independent Contractors for Profess (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of officers receiving over officers of the Five Highest Paid Independent Contractors for Other S (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of the structor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)	GIRL SCOUTS OF MONTANA & WYOMING Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Tires of the instructions. List each one if there are none, enter "None.") (a) Name and address of each employee paid more than \$50,000 Compensation

Sc	hedule A (Form 990 or 990-EZ) 2007 GIRL SCOUTS OF MONTANA & WYOMING 81-6001	1486	5 P	age 2
F	Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ (Must equal amounts on line 38, Part VI-A, or			
	line i of Part VI-B.)			х
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
	a Sale, exchange, or leasing of property?	2a		_X_
	b Lending of money or other extension of credit?	2b		<u>X</u>
	c Furnishing of goods, services, or facilities?	2c		_X_
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		_X_
	e Transfer of any part of its income or assets?	2e		_X_
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	the organization determines that recipients qualify to receive payments.)	3a		X
	b Did the organization have a section 403(b) annuity plan for its employees?	3b		_X_
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			I I
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		_X_
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f		1	
	and 4g	4a		X
	b Did the organization make any taxable distributions under section 4966? N/A	4b		
	${f c}$ Did the organization make a distribution to a donor, donor advisor, or related person? ${f N/A}$	4c		
	d Enter the total number of donor advised funds owned at the end of the tax year		N/	<u> </u>
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/.	A
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Sched	ule A (F	orm 990 or 990-EZ) 2007 GIRL SCOUTS O	F MONTANA &	WYOMING		81-60	01486	Page 3
Par	t IV	Reason for Non-Private Foundation S	Status (See pages 4 t	nrough 8 of the instructio	ns.)			
5 6 7 8	y that th	he organization is not a private foundation because it is: (A church, convention of churches, or association of ch A school. Section 170(b)(1)(A)(ii). (Also complete Part A hospital or a cooperative hospital service organizatio A federal, state, or local government or governmental it A medical research organization operated in conjunction and state	nurches. Section 170(b)(1 t V.) in. Section 170(b)(1)(A)(i unit. Section 170(b)(1)(A)(A)(1). 11). (V).	the hospital'	s name, city,		
10 11a		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public.						
11b 12	 	Section 170(b)(1)(A)(vi). (Also complete the Support A community trust Section 170(b)(1)(A)(vi) (Also con An organization that normally receives: (1) more than receipts from activities related to its charitable, etc., fur its support from gross investment income and unrelated by the organization after June 30, 1975. See section 5	Schedule in Part IV-A.) implete the Support Schei 33 1/3% of its support fronctions - subject to certai ed business taxable incor	dule in Part IV-A.) om contributions, membe n exceptions, and (2) no ne (less section 511 tax)	ership fees, a more than 3 from busines	and gross 3 1/3% of		
13		An organization that is not controlled by any disqualified 509(a)(3). Check the box that describes the type of support Type I	pporting organization:	undation managers) and one of the control of the co	otherwise m	eets the requirer		aion
	·	Provide the following information al	bout the supported organ	nizations (See page 8 of	the instructi	ons)		
		(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	organizati the sur organi	upported on listed in opporting zation's documents?	(e) Amount suppor	
					Yes	No		
Total								
						- 1		
14		An organization organized and operated to test for pub	ilic safety. Section 509(a)	(4). (See page 8 of the in:	structions)			

Pai	Note: You may use the	omplete only it you che e worksheet in the insti	ecked a box on line 10 auctions for converting	, 11, or 12) Use cash from the accrual to the	method of acc e cash method	of acco	g. unting
Caler begin	ndar year (or fiscal year ning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003		(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	205,405.	237,296.	227,150.	136,2	243.	806,094.
16	Membership fees received						
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's						
	charitable, etc., purpose	1,872,444.	<u>1,925,969.</u>	1,743,896.	<u>1,688,5</u>	30.	7,230,839.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalities, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	60,377.	49,303.	90,273.	59,()55.	259,008.
19	Net income from unrelated business						
20	activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	2,729.		SEE STATEME	NT 14		2,729.
23	Total of lines 15 through 22	2,140,955.	2,212,568.	2,061,319.	1,883,8	328.	8,298,670.
24	Line 23 minus line 17	268,511.	286,599.	317,423.	195,2	298.	1,067,831.
25	Enter 1% of line 23	21,410.	22,126.	20,613.	18,8	338.	
26	Organizations described on lines 10	O or 11: a Enter 2% of	amount in column (e), lin	e 24	>	26a	N/A
b	Prepare a list for your records to sho	ow the name of and amou	nt contributed by each pe	erson (other than a goverr	nmental	1	
	unit or publicly supported organization	on) whose total gifts for 2	003 through 2006 excee	ded the amount shown in	line 26a.		
	Do not file this list with your return	Enter the total of all thes	e excess amounts		•	26b	N/A
C	Total support for section 509(a)(1) to	est: Enter line 24, column	(e)		>	26c	N/A
d	Add: Amounts from column (e) for li	nes. 18	19				
		22	26b		▶	26d	N/A
е	Public support (line 26c minus line 2	•			•	26e	N/A
<u>f</u>	Public support percentage (line 26					26f	<u>N/A %</u>
27	Organizations described on line 12						
	records to show the name of, and to	tal amounts received in ea	ach year from, each "disq	ualified person." Do not fil	le this list with y	our retur	rn Enter the sum of
	such amounts for each year.		0		0 100		0
	•	• (2005)	0. (2	,	0. (20	•	0.
D	For any amount included in line 17 th		•		-		
	and amount received for each year, t		• • •	•	•		=
	described in lines 5 through 11b, as the larger amount described in (1) or	•	-			veen me	amount received and
	• • • • • • • • • • • • • • • • • • • •	• (2005)	0 . (2	•	0. (20	03)	0.
_	Add: Amounts from column (e) for li	` '	806,094.	,	•	03)	0.
C		30,839. 20_	000,034.	16 21		27c	8,036,933.
a	Add: Line 27a total		d line 27b total	. 21	0.	27d	0,030,333.
	Public support (line 27c total minus		a inic 27 b total	-	<u>·</u>	27e	8,036,933.
f	Total support for section 509(a)(2) t	•	23. column (e)	► 27f 8.	298,670		<u> </u>
g	Public support percentage (line 27)					27g	96.8460%
•	Investment income percentage (lin	•	•		•	27h	3.1211%
28 L	Inusual Grants: For an organization de	escribed in line 10, 11, or	12 that received any unu	isual grants during 2003 t	hrough 2006, pre	epare a li	st for your records to
S	how, for each year, the name of the co	ontributor, the date and a	mount of the grant, and a	brief description of the na	ature of the grant	. Do not	file this list with your
	eturn. Do not include these grants in l	N	ONE			Schedu	lle A (Form 990 or 990-EZ) 2007

Page 4

81-6001486

Schedule A (Form 990 or 990-EZ) 2007 GIRL SCOUTS OF MONTANA & WYOMING

Schedule A (Form 990 or 990-EZ) 2007 GIRL SCOUTS OF MONTANA & WYOMING Part V Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		-
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)			
32 a	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?			
b c	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	32b		
	admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
22	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the experience discourance by receive any way with respect to:	_ _		
33	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	33a		
a b	Admissions policies?	33b	-	
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)	_ _ _		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C.R. 587, covering racial pondiscrimination? If "No." attach an explanation	25	1	I

Paid staff or management (Include compensation in expenses reported on lines c through h)

c Media advertisements

Mailings to members, legislators, or the public

e Publications, or published or broadcast statements

f Grants to other organizations for lobbying purposes

Direct contact with legislators, their staffs, government officials, or a legislative body

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	No	Amount
		0.

Part '				d Relationships With Nonchar	itable		
	d the reporting organization di	Eations (See page 14 of the III rectly or indirectly engage in any section 501(c)(3) organizations)	of the following with any othe	r organization described in section			
	• •	janization to a noncharitable exe		· ·	Ye	s No	
(i) Cash				51a(i)	Х	
(i) Other assets				a(ii)	<u> </u>	
-	her transactions:						
•	•	ts with a noncharitable exempt o			b(i) b(ii)	X	
•	i) Purchases of assets from a i) Rental of facilities, equipme	noncharitable exempt organizati	OII		b(iii)	X	
•	r) Reimbursement arrangeme.				b(iv)	X	
•) Loans or loan guarantees				b(v)	Х	
(v	i) Performance of services or	membership or fundraising solid	citations		b(vi)	<u> </u>	
		mailing lists, other assets, or pai			С	X	
				always show the fair market value of the			
-		given by the reporting organization, show in column (d) the valu		d less than fair market value in any	N/	' Δ	
(a)	(b)	(c		(d)	14/	<u> </u>	
Line no.	Amount involved	Name of noncharitable	exempt organization	Description of transfers, transactions, and	and sharing arrangements		
			38				
							
		······					
	·				 .		
			- 12				
							
Co	the organization directly or inc ode (other than section 501(c) 'Yes," complete the following s	(3)) or in section 527?	to, one or more tax-exempt org	panizations described in section 501(c) of the	X Yes	No	
	(a) Name of org		(b) Type of organization	(c) Description of relation	ship		
GTRL	SCOUT COUNCI		SEC	SEE STATEMENT 15	·		
	0178491		501(C)(3)				
GIRL SCOUT TREASURE TRAILS			SEC				
COUN	CIL #81-02317	81	501(C)(3)				
				 	_ ·		
	·						
•				ļ			
			1	1			

FORM 990			RENTAL INCO	ME		STATEMENT	1
KIND AND LOCAT	TION OF	PROPERI	ľΥ	P	CTIVITY NUMBER	GROSS RENTAL INC	OME
			-	_	1	12,4	76.
TOTAL TO FORM	990, PA	RT I, I	LINE 6A		•	12,4	76.
					:		
FORM 990	GAIN	(LOSS)	FROM PUBLICLY	TRADED SECURIT	IES	STATEMENT	2
FORM 990 DESCRIPTION	GAIN	(LOSS)	FROM PUBLICLY GROSS SALES PRICE	COST OR	'IES EXPENSE OF SALE	NET GAI	N
	GAIN	(LOSS)	GROSS	COST OR OTHER BASIS	EXPENSE	NET GAI OR (LOS	N

FORM 990 GAIN	(LOSS) FROM	SALE C	F OTH	ER AS	SSETS	ST	ATEME	INT 3
DESCRIPTION		A	DATE CQUIR	ED	DATE SOLD	MET: ACQU		
WYOMING LAND LOT		V	VARIOUS		VARIOU	PURCHASED)
NAME OF BUYER	GROSS SALES PRICE	COST OTHER E			ENSE SALE	DEPREC		GAIN
	12,500.	8,	100.		0.	0.		4,400
TO FM 990, PART I, LN 8	12,500.	8 ,	100.		0.	0.		4,400
FORM 990	SPECIAL EV	ENTS AN	ID ACT	IVIT	IES	ST	ATEME	INT 4
DESCRIPTION OF EVENT	GROSS RECEIPTS		RIBUT. LUDED	_	ROSS VENUE	DIRECT EXPENSES	NET OR	INCOM
COUNCIL FUNDRAISING EVENTS	265,511	L.		26	55,511.	119,951.	14	5,560
TO FM 990, PART I, LINE	9 265,511	<u>.</u>		26	55,511.	119,951.	14	5,560

FORM 990	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10	STATEMENT 5
INCOME		
1. GROSS RECEIPTS 2. RETURNS AND ALL 3. LINE 1 LESS LIN	OWANCES	1,602,164 1,602,164
	SOLD (LINE 13)	1,117,181
7. MERCHANDISE PUR	GINNING OF YEAR	38,396
9. MATERIALS AND S 10. OTHER COSTS . 11. ADD LINES 6 THR	SUPPLIES	511,6 4 1 550,037
12. INVENTORY AT EN 13. COST OF GOODS S	ID OF YEAR	65,054 484,983

FORM 990 OTHER CH	HANGES IN NET	ASSETS OR FUND	BALANCES	STATEMENT	6	
DESCRIPTION				AMOUNT		
CHANGE IN VALUE OF SPLIT	-5,333 -255,508					
UNREALIZED GAIN (LOSS)						
NET ASSETS FROM INCOMING				2,979,918		
PRIOR PERIOD ADJUSTMENTS	-195,7	<u> </u>				
TOTAL TO FORM 990, PART	I, LINE 20		-	2,523,3	74.	
FORM 990	ОТН	ER EXPENSES		STATEMENT	7	
	(A)	(B)	(C)	(D)		
	(A)	PROGRAM	MANAGEMENT	(D)		
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISI	NG	
PROGRAM EXPENSES	417,909.	364,494.	39,357.	14,0	 58.	
GIRL INCENTIVES	21,631.	_	0.			
EQUIPMENT PURCHASES	9,703.		1,455.		0.	
EQUIPMENT RENTAL VOLUNTEER	26,609.		10,989.		0.	
REIMBURSEMENTS	321.	321.	0.		0.	
BANK FEES	3,621.	0. 3,621			0.	
INSURANCE					0.	
MISCELLANEOUS	7,723.		7,723.		0.	
PROFESSIONAL	•		·			
SERVICES	80,399.	60,987.	19,412.		0.	
DUES & SUBSCRIPTIONS	354.	354.	0.		0.	
RECRUITMENT	6,828.	6,828.	0.		0.	
CAMPING ASSISTANCE	42,222.	42,222.	0.		0.	
TOTAL TO FM 990, LN 43 =	663,164.	559,672.	89,434.	14,0	58 .	
FORM 990	OTHER	INVESTMENTS		STATEMENT	8	
		V	LUATION	1.3		
DESCRIPTION			METHOD	AMOUNT		
	UNRESTRICTED INVESTMENTS COST					
INVESTMENTS RESTRICTED F	FOR LON-TERM	PURPOSES CO)ST	879,5	46.	

FORM 990	OTHER ASSETS		STATEMENT	9
DESCRIPTION		BEGINNING OF YEAR	END OF YE	AR
DEPOSITS BENEFICIAL INTEREST	r in perpetual trust	0. 15,874.	5,0	00.
TOTAL TO FORM 990,	PART IV, LINE 58	15,874.	5,0	00.
FORM 990	OTHER REVENUE NOT INCLUDED ON	FORM 990	STATEMENT	10
DESCRIPTION			AMOUNT	
CHANGE IN VALUE OF	SPLIT-INTEREST AGREEMENT		-5,3	33.
TOTAL TO FORM 990,	PART IV-A		-5,3	33.
FORM 990	OTHER REVENUE INCLUDED ON FO	RM 990	STATEMENT	11
DESCRIPTION			AMOUNT	
GIRL SCOUTS OF BIG 30, 2008	SKY COUNCIL INCOME OCT 1, 200	7 TO APRIL	1,308,7	51.
TOTAL TO FORM 990,	PART IV-A		1,308,7	51.
FORM 990	OTHER EXPENSES INCLUDED ON FO	RM 990	STATEMENT	12
DESCRIPTION			AMOUNT	
GIRL SCOUTS OF BIG 30, 2008	SKY COUNCIL EXPENSES OCT 1, 2	007 TO APRIL	961,1	50.
TOTAL TO FORM 990,	PART TV-R		961,1	50.

	T OF CURRENT OFFICERS, STEES AND KEY EMPLOYEE		STATI	EMENT 13
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JANET DE VRIES PO BOX 30595 BILLINGS, MT 59107	BOARD CHAIR 5.00	0.	0.	0.
BARRY NOLAN PO BOX 30595 BILLINGS, MT 59107	FIRST VICE-CHA 2.00	O.	0.	0.
IRENE ROMSA PO BOX 30595 BILLINGS, MT 59107	SECOND VICE-CH 2.00	MAIR 0.	0.	0.
NANCY MCCRACKEN PO BOX 30595 BILLINGS, MT 59107	SECRETARY 2.00	0.	0.	0.
DANNY SULLIVAN PO BOX 30595 BILLINGS, MT 59107	TREASURER 2.00	0.	0.	0.
JANETTE ARPS PO BOX 30595 BILLINGS, MT 59107	DIRECTOR 1.00	0.	0.	0.
LOIS BELLUSCI PO BOX 30595 BILLINGS, MT 59107	DIRECTOR 1.00	0.	0.	0.
MICHAEL BULLARD PO BOX 30595 BILLINGS, MT 59107	DIRECTOR 1.00	0.	0.	0.
DOUGLAS DODGE PO BOX 30595 BILLINGS, MT 59107	DIRECTOR 1.00	0.	0.	0.
MICHELLE GAMS PO BOX 30595 BILLINGS, MT 59107	DIRECTOR 1.00	0.	0.	0.
PEGGY GARGARO PO BOX 30595 BILLINGS, MT 59107	DIRECTOR 1.00	0.	0.	0.

GIRL' SCOUTS OF MONTANA & WYOM	IING			1	31-6001	486
DR BETH HILL PO BOX 30595 BILLINGS, MT 59107	DIRECTOR 1.00		0.	0	•	0.
BETTINNA MOOS PO BOX 30595 BILLINGS, MT 59107	DIRECTOR 1.00		0.	0	•	0.
THOMAS RICHARDSON PO BOX 30595 BILLINGS, MT 59107	DIRECTOR 1.00		0.	0	•	0.
ARLYS REIGER PO BOX 30595 BILLINGS, MT 59107	DIRECTOR 1.00		0.	0	•	0.
TOTALS INCLUDED ON FORM 990, PA	ART V-A		0.	0	•	0.
SCHEDULE A	OTHER INC	OME		STA'	PEMENT	14
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUN		2003 AMOUNT	ı
OTHER	2,729.	0.		0.	•	0.
TOTAL TO SCHEDULE A, LINE 22	2,729.	0.		0.		0.

SCHEDULE A

AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS PART VII, LINE 52, COLUMN (C)

STATEMENT 15

NAME OF AFFILIATED OR RELATED ORGANIZATION

GIRL SCOUT COUNCIL OF WYOMING #83-0178491

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

EFFECTIVE APRIL 30, 2008, AT THE DIRECTION OF THE GIRL SCOUTS OF THE UNITED STATES OF AMERICA ORGANIZATION, THE WYOMING COUNCIL WAS MERGED WITH THE BIG SKY COUNCIL, WITH A NEW NAME OF GIRL SCOUTS OF MONTANA AND WYOMING.

NAME OF AFFILIATED OR RELATED ORGANIZATION

GIRL SCOUT TREASURE TRAILS COUNCIL #81-0231781

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

EFFECTIVE APRIL 30, 2008, AT THE DIRECTION OF THE GIRL SCOUTS OF THE UNITED STATES OF AMERICA ORGANIZATION, THE TREASURE TRAILS COUNCIL WAS MERGED WITH THE BIG SKY COUNCIL, WITH A NEW NAME OF GIRL SCOUTS OF MONTANA AND WYOMING.