Form **990**

Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

A F	or the	2022 calendar year, or tax year beginning O	CT 1, 2022 and	l ending	SEP 30, 2023	
Вс	heck if	GIRL SCOUTS OF NORTHEAS	T TEXAS ENDOWME	ENT	D Employer identific	cation number
	Addres	FOUNDATION, INC.				
	Name change	Doing business as			75-15527	21
]Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suit	e E Telephone numbe	r
]Final return/	6001 SUMMERSIDE DR		101	(972) 34	9-2400
	termin- ated	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross receipts \$	2,862,582.
	Ameno	ed DALLAS, TX 75252-5334			H(a) Is this a group re	eturn
	Application	I F Name and address of principal officer: ∪ मार्था	NIFER BARTKOWSK	Ι	for subordinates	? Yes X No
	pendin	SAME AS C ABOVE			H(b) Are all subordinates in	
17	ax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 52	–	list. See instructions
JV	Vebsit	e: WWW.GSNETX.ORG			H(c) Group exemptio	
K F	orm of	organization: X Corporation Trust As:	sociation Other	L Yea		M State of legal domicile: TX
	ırt I	Summary			,	
		Briefly describe the organization's mission or most	significant activities: DIST	RIBUT	ION OF EARNII	NGS TO THE
Se		GIRL SCOUTS OF NORTHEAST T				
Jan			tinued its operations or dispo			
Governance		Number of voting members of the governing body (9
Ĝ		Number of independent voting members of the gov				9
જ		Total number of individuals employed in calendar ye				0
Activities &						10
Ę	6	Total number of volunteers (estimate if necessary)	(O) E 10	•••••	6	
Ä		Total unrelated business revenue from Part VIII, col				0.
	D	Net unrelated business taxable income from Form S	990-1, Paπ I, line 11	······		Current Year
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-	Prior Year	
ě			•••••	····	0.	0.
Revenue					0.	0.
		nvestment income (Part VIII, column (A), lines 3, 4,			171,413.	64,885.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			0.	0.
		Total revenue - add lines 8 through 11 (must equal l			171,413.	64,885.
	13	Grants and similar amounts paid (Part IX, column (A	A), lines 1-3)		229,482.	76,285.
		Benefits paid to or for members (Part IX, column (A)			0.	0.
S	15	Salaries, other compensation, employee benefits (P			0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)		0.	0.
ĝ	b	Total fundraising expenses (Part IX, column (D), line	25)	<u>0.</u>		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		6,625.	7,770.
		Total expenses. Add lines 13-17 (must equal Part IX			236,107.	84,055.
		Revenue less expenses. Subtract line 18 from line 1			-64,694.	-19,170.
TO S				E	Beginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)			2,061,943.	2,189,556.
ASS	21	F + 1 !! 1 !!!!!			6,625.	7,450.
Net I	22	Net assets or fund balances, Subtract line 21 from	line 20		2,055,318.	2,182,106.
Pa	rt II	Signature Block				
		ties of perjury, I declare that I have examined this return,	including accompanying schedule	s and stater	nents, and to the best of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than office			· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,
		Dela Rolin			2/14/2	1024
Sign	ո	Signature of officer			Date	
Her		DEBRA ROLING, CFAO				
	•	Type or print name and title				
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Paid		KEVIN WARNEKE	paror o orginatoro		Date Check Check if self-employ	P01294950
Prep		Firm's name LANE GORMAN TRUBIT	TT. LLC			5-1044330
Use		Firm's address 2626 HOWELL ST, SU			THIN SLIN /	
	····	DALLAS, TX 75204			Dhone no 21	4-871-7500
		S discuse this return with the preparer shown show		·	I HOUSE HU. 4 4	文 Vas

including grants of \$

76,285. Total program service expenses

Form 990 (2022)

) (Revenue \$

Form 990 (2022) FOUNDATION, INC.
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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.		N. S.	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		٠,,	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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Form 990 (2022) FOUNDATION, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	ļ
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
4	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			İ
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0.4	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	· •	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
ral				
	Check if Schedule O contains a response or note to any line in this Part V			
1	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0	SEE SEE	Yes	No
1a b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c		
232004	1 12-13-22		990	(2022)

Form 990 (2022) FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accou	nts (FBAR).	BINAL .	455	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		<u> X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions (or gifts			
	were not tax deductible?		***************************************	6b	14 14 14	2555.70.3
7	Organizations that may receive deductible contributions under section 170(c).			HMAR	ANEX.	49
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and so	ervices	provided to the payor?	7a		X
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as red	quired			37
	to file Form 8282?	·······	············	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		440000	WEAR	v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		000	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, and the cars of the cars			7h	wini	YAYEAS
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine sponsoring organization have excess business holdings at any time during the year?	а Бу і	ne .	0	350 4444	1000000
9	Sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			8	1999	
а	Bid the analysis appropriate mode and to the bid the time and a section (1999)			9a	11774	Name of
b	Did the an arrange awaringtion makes distribution to a decay decay and in a small to decay and			9b		
10	Section 501(c)(7) organizations. Enter:		•••••	35		180811
a	Initiation fees and capital contributions included on Part VIII, line 12	108	,			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10k	***	1		
11	Section 501(c)(12) organizations. Enter:	100				
а	Gross income from members or shareholders	118	,			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			1		
	amounts due or received from them.)	11k				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 104	1?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	1		NAME OF THE PROPERTY OF THE PR	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13Ł)			
С	Enter the amount of reserves on hand	130				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sched	ule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remund					
	excess parachute payment(s) during the year?		•••••	15	0.53444	X
	If "Yes," see the instructions and file Form 4720, Schedule N.			Table 1		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	me?	16	2018-081	X
	If "Yes," complete Form 4720, Schedule O.			WARE.		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any a					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17	ele ches o	10.555+421
	If "Yes," complete Form 6069.			450000	1444	10.500

Form 990 (2022)

FOUNDATION, INC.

75-1552721

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						X	
Sec	tion A. Governing Body and Management							
						Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					Viewy.		
b	Enter the number of voting members included on line 1a, above, who are independent	1b		9				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any other					
-			-		2		X	
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the							
3	,, ,		•		_		X	
					3			
4	Did the organization make any significant changes to its governing documents since the prior Form S				4		<u>X</u>	
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X	
6	Did the organization have members or stockholders?				6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr							
	more members of the governing body?				7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	olders, or					
	persons other than the governing body?				7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				WW			
а	The governing body?	•			8a	Х		
b	Each committee with authority to act on behalf of the governing body?				8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea							
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х	
Sec	tion R. Policies This could be provided the names and addresses on schedule O	********			9		21	
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			17	N 1	
40-	Did the constant to the standard of the standa					Yes	No X	
	Did the organization have local chapters, branches, or affiliates?			•••	10a		Δ	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napter	s, affiliates,					
					10b	Х		
11a								
b								
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "							
	on Schedule O how this was done	•			12c	Х		
13	Did the organization have a written whistleblower policy?				13	Х		
14	Did the organization have a written document retention and destruction policy?				14	X		
15	Did the process for determining compensation of the following persons include a review and approva						HHAR	
10			idependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				3920200	v	Wante	
a	The organization's CEO, Executive Director, or top management official				15a	X		
b	Other officers or key employees of the organization			•••	15b	X	43.000.000	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a		Sign	ESSE!		
	taxable entity during the year?				16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite its p	oarticipation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n's					
	exempt status with respect to such arrangements?				16b			
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed NONE							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 991	0-T (section 501/c	c)(3)e	onlyl	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.		,	,,~,		απαι		
	X Own website X Another's website X Upon request Other (explain	n a= 0	ahadula Ol					
10			•	اء مرم	finar	nial		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	HICT	or interest policy,	and	шало	ાતા		
	statements available to the public during the tax year.	,						
20	State the name, address, and telephone number of the person who possesses the organization's book DERDA POLITICS (0.72) 240 2462	oks an	d records					
	DEBRA ROLING - (972) 349-2462	7						
	6001 SUMMERSIDE DR, STE 101, DALLAS, TX 75252-533	4						

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

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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Form 990 (2022)

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rendered to the organization? If "Yes." complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0											Wat Mile Male
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	φτου, σου οι compensation from the orga	nzauon					,			I Notes	Form 990 (2022)

Form 990 (2022) FOUNDATION, INC.
Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
***************************************			Chicar in Constant C Contains a response	or moto to any im	(A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under sections 512 - 514
SS	1	a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
호립			Fundraising events 1c	×				
Ē,			Related organizations 1d					
<u>@</u> ' 🗟			Government grants (contributions) 1e					
Si ig			All other contributions, gifts, grants, and					
ĔĦ			similar amounts not included above 1f					
E		~	Noncash contributions included in lines 1a-1f					
S B		_			1, 1 1 1-1-1-1-1-1-1-1-1-1-1-1-1			
0 (0		11	I otal. Add lines 1a-1f	Business Code				
4	2	2		Dadinoso codo		2 to 1 (2) 2 (2) 4 (4) 4 (4) 4 (4) 4 (4) 4 (4) 4 (4) 4 (4) 4 (4) 4 (4) 4 (4) 4 (4) 4 (4) 4 (4) 4 (4) 4 (4) 4 (4)	***************************************	
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ie se		C						
E S		d						
Be		e						
Program Service Revenue			All other program service revenue					
			Total. Add lines 2a-2f					
	3	<u>.,</u>	Investment income (including dividends, inter		·········			
			other similar amounts)					
	4		Income from investment of tax-exempt bond					
	5		Royalties	•'				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
			Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 2,862,582					
		b	Less: cost or other basis					
e l			and sales expenses 7b 2,797,697					
len		С	Gain or (loss) 7c 64,885					
Revenue			Net gain or (loss)		64,885.			64,885.
ē			Gross income from fundraising events (not					
⇟			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	a				
		b	Less: direct expenses8	0				
		С	Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 199	a				
		b	Less: direct expenses9	0				A second
		C	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances10	la				
			Less: cost of goods sold10					
		С	Net income or (loss) from sales of inventory					
<u>0</u>				Business Code				
Miscellaneous Revenue	11							
lan epi		b						
Sel		c	All all					
Σ̈́			All other revenue					
		e	Total Add lines 11a-11d		64,885.	0.	0.	64,885.
	12		Total revenue. See instructions		0 = , 000.	1	1	0 = , 0 0 3 +

Form 990 (2022) FOUNDATION, INC.
Part IX | Statement of Functional Expenses

11 Fees for services (nonemployees): a Management b Legal	Section	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must cor	mplete column (A).	
Total expenses Program service September Septe		Check if Schedule O contains a respon				
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Groupment of the comments of the com			(A) Total expenses	Program service	Management and	Fundraising
Individuals. See Part N, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part N, lines 15 and 16 Bonefits paid to or for members Companiation of current officers, directors, trustees, and leve yemployees Companiation or individuals above to disqualified persons (as defined under section 4988(f)(1) and persons described in section 4858(c)(0)(6) Companiation or individuals and wages Pension plan accruels and ovaries discussified persons (as defined under section 4988(f)(1) and persons described in section 4858(c)(0)(6) Companiation of individuals (see the section 4858(c)(0)(6) Companiation of individuals (see the section 4858(c)(0)(6) Companiation of individuals (see the section 4988(f)(1) and persons described in section 4988(f)(1) and 498(g)(1) and persons described in section 4988(f)(1) and 498(g)(1) and persons (as defined under section 40(f)(g) and 498(g)(g) employer contributions (see the section 40(f)(g) and 498(g)(g) employer contribution (see the section 40(f)(g) and 498(g)	1	- 1	76,285.	76,285.		
3 Grants and other assistance to foreign regardation, foreign progratation, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits poid to or for members 5 Compensation of current officers, directors, trustees, and levy employees 6 Compensation of individed above to disqualified persons (as defined under section 4658(R)(I)) and pressors described in section 4658(R)(I)) and pressors described in section 4658(R)(I) and pressors described in section 4658(R)(I) and pressors described in section 461(I) and 405(I) employee benefits 7 Other enableses and wages 9 Pension plan accrudis and contributions (melude section 40 II) and 405(I) employee benefits 10 Payroll taxes 11 Foca for services (nonemployees) 12 Accounting 13 Autority (II) and 405(II) employee contributions 14 International International Programs (III) and III) and III a	2					
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for mambers Compensation of current officers, directors, trustees, and key employees Compensation set included shows to disqualified persons (as defined under section 4586(r)(3)(B) Person plan accruais and contributions (include section 4018(r) and variety of the response section 4018(r) and variety of						
individuals, Sop Part N, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in eachin 4958(f)(1) and 490(f) employee contributions) Other employee benefits Payroll taxes Part for services (nonemployees): Management Legal Advantagement Legal Advantagement foes Legal Other, (If line 11g amount exceeds 19% of line 25, column (A), amount, list line 11g expenses on Sch Q) Adventage and promotion Other employees and promotion Advantage and promotion Advantage and promotion Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Information in excellence and expenses or line 496, filine 24-benomin excellence and increase on line 496, filine 24-benomin excellence (1966), filine 24-benomin excellence (1966), filine 24-benomin excellence of the 25-benomin excellence of the 25-benomi	3	1				
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trustaes, and key employees Compensation not included above to disqualified persons (as defined under section 458(f)(1)) and persons (ascribed in section 40 f)(a) and 403(f) amployer contributions) Other employee benefits Proposition of the proposition of the persons of the pers	4	Benefits paid to or for members				
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19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a b c c d e All other expenses 5 Total functional expenses. Add lines 1 through 24e 5 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	18	Payments of travel or entertainment expenses				
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Depreciation, depletion, and amortization		***************************************				
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b	24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
c d a see All other expenses 320. 25 Total functional expenses. Add lines 1 through 24e 84,055. 76,285. 7,770. 0. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						
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reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	25		04,000.	10,405.	1,110.	0.
educational campaign and fundraising solicitation.	20					
		1 7 7				

Form 990 (2022)
Part X Balance Sheet

. 41	τ Χ	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation10b		10c	
	11	Investments - publicly traded securities	2,061,943.	11	2,189,556.
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,061,943.	16	2,189,556.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability, Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	6 60=		
		of Schedule D	6,625.		7,450.
	26	Total liabilities. Add lines 17 through 25	6,625.	26	7,450.
10		Organizations that follow FASB ASC 958, check here			
čė		and complete lines 27, 28, 32, and 33.	0 000 010	ONE STATE	0 100 106
ä	27	Net assets without donor restrictions	2,055,318.	27	2,182,106.
Ä	28	Net assets with donor restrictions		28	
Ĕ		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.		WHEN T	
ţ2 C	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ΉĀ	31	Retained earnings, endowment, accumulated income, or other funds	2 055 210	31	2 102 106
Š	32	Total net assets or fund balances	2,055,318.	32	2,182,106.
	33	Total liabilities and net assets/fund balances	2,061,943.	33	2,189,556.

Form **990** (2022)

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2022)

X

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SCHEDULE A

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GIRL SCOUTS OF NORTHEAST TEXAS ENDOWMENT FOUNDATION, INC.

Employer identification number 75-1552721

Pai	t []	Reason for Public C	Charity Status. (All organizations must co	omplete th	is part.) S	ee instructions.	***************************************				
The o	organi	zation is not a private founda										
1		A church, convention of chu)(A)(i).					
2		A school described in secti	•			` ` ` ` ` `	<i>x x,</i>					
3		A hospital or a cooperative				/b)/1)/Δ)/ii	i).					
4	H	A medical research organiza						the hospital's name				
7		city, and state:	acion operated in con-	gariotion with a moopitar	accombca	000110	11 11 0(D)(1)(11)(III)1	ino mapital o mamo,				
5		An organization operated for	or the benefit of a coll	ege or university owned	or operate	ad by a go	vernmental unit describe	nd in				
5	LJ	section 170(b)(1)(A)(iv). (C		ege of affiverally owned	or operate	sa by a go	vormional and accomb	ou iii				
^				بالممائية ممايا ممانية	4: 4"	(0/I=\/4\/A\	4.3					
6		A federal, state, or local gov						مناطين				
7		An organization that normal	-	itiai part of its support ir	om a gove	rnmentai	unit or from the general p	Dublic described in				
_		section 170(b)(1)(A)(vi). (Co										
8		A community trust describe										
9		An agricultural research org				•	_	-				
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the r	name, city	, and state of the college	or				
		university:										
10	Ш	An organization that normal										
		activities related to its exem										
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	fter June 30, 1975.				
	See section 509(a)(2). (Complete Part III.)											
11		An organization organized a	•	•	-							
12	X	An organization organized a	•	•	•			•				
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on											
		lines 12a through 12d that	• •	.,								
а	X		•			-	,					
		the supported organization	on(s) the power to reg	jularly appoint or elect a	majority o	f the direc	tors or trustees of the su	pporting				
		organization. You must o	complete Part IV, Se	ctions A and B.								
b			anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	ring				
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	oorted				
		organization(s). You mus	t complete Part IV,	Sections A and C.								
С	L	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	d with,				
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.					
d			/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and an attentiv	/eness				
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
е	X	Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, or	r Type III non-function	nally integrated supporting	ng organiz	ation.						
f	Ente	er the number of supported o	organizations					1				
g		vide the following information	·		1 Guy lo the area	mination listed	,	r				
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other support (see instructions)				
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
		SCOUTS OF										
NOI	RTH	EAST TEXAS, IN	75-1101571	7	X		76,285.					
Tota	ı				the residence.		76,285.	0.				

Schedule A (Form 990) 2022

FOUNDATION, INC.

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and					11	
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ū	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		***************************************				
5	The portion of total contributions				ALSO VIETE ASSESSED.		
Ü	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
6	Public support. Subtract line 5 from line 4.	EXPENSE SERVE			150000000000000000000000000000000000000		
	etion B. Total Support						·
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	147 23 13	(2) 20.0	(0) 1010	(4) 2321	(0) 2022	(i) rotar
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ü	activities, whether or not the						
	business is regularly carried on						
10	Other income, Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10					HERESTRANCE AND THE	
	Gross receipts from related activities,	etc (see instruction	ne)		<u></u>	12	
	First 5 years. If the Form 990 is for the	•		fourth or fifth tax i		<u> </u>	
.0	organization, check this box and stor	•		•	•	. , . ,	
Sec	ction C. Computation of Publi				***************************************		·····
	Public support percentage for 2022 (I			column (f))		14	%
	Public support percentage from 2021					15	%
	33 1/3% support test - 2022, If the					······································	
	stop here. The organization qualifies	as a publicly supp	orted organization	,		•	
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	•		•		•	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	_					•
	meets the facts-and-circumstances te			-	·	3	
b	10% -facts-and-circumstances test	-				7a, and line 15 is 10	0% or
	more, and if the organization meets the	_				·	
	organization meets the facts-and-circu				•		
18	Private foundation. If the organization			-			
				, , , , , , , , , , , , , , , , , , , ,	,		

75-1552721 Page 3

Schedule A (Form 990) 2022 FOUNDATION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	qualify under the tests listed be ction A. Public Support	elow, please comp	ete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(b) 2019	(6) 2020	(u) 2021	(e) 2022	(I) Total
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf	:					
5	The value of services or facilities						
Ü	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital					İ	
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•			-		,
<u>~</u>	check this box and stop here			• • • • • • • • • • • • • • • • • • • •	***************************************		
	ction C. Computation of Publi					1	
	Public support percentage for 2022 (I		•			15	<u>%</u>
16	Public support percentage from 2021 ction D. Computation of Inves					16	<u>%</u>
				ma 10. aaluman (6)		T 4 = 1	0.4
	Investment income percentage for 20					17	<u>%</u>
18	Investment income percentage from a 33 1/3% support tests - 2022. If the				o 15 is more than 3	18 1/3% and line 17	is not
198		_					19 1101
L	more than 33 1/3%, check this box ar	<u>-</u>	-	· · · · · ·			
ľ	33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che	-					
	mio ro io not moro triali oo 1/0/0, tile	on this box and St	op nere, me orga	incation qualifies	as a publicly suppo	ntou organization .	····

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Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	X	
		>
3a		X
9h		
3c	ESS:	
4a		X
4b		
4c		
2		
5a 5b	Villa	X
6		X
7		Х
8	Wik	Х
9a		X
9b		Х
9c		X
10a		x
10b	3333	
A (Forn	n 990)	2022

Sche		00414.	T Pa	ige 5
Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		_X_
b	A family member of a person described on line 11a above?	11b		X
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	VSEE		
	detail in Part VI.	11c		X
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		HOAR BEAR	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		X
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	A.A.A.	NAM:	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	_1		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	USANAS		100
·	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	BUNKAN		
2.	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	4,723	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
J	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		7,000,000
Sec	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations		J	L
-				
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below.	,,.		
b				
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	natruatian	امد	
	Activities Test. Answer lines 2a and 2b below.	ISTUCTION	Yes	No
2		ENERGY.	163	140
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	·			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	ANAMARIAN	Sept.	144,400,000
1-	that these activities constituted substantially all of its activities.	2a	14.55	
b	, ,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		and in	i sanana I
_	these activities but for the organization's involvement.	2b	1986	100000
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а		valletiili)	all all the second	
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	i jegasi	10000
b		Associate)	(SAIAS)	
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3h	1	l

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust or	Nov. 20, 1970 (explain in Pa	rt VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must			•
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):	(Alah		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_ 7	Recoveries of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integra	ted Type III supporting organi:	zation (see
	instructions).	-	· - -	

Schedule A (Form 990) 2022

GIRL SCOUTS OF NORTHEAST TEXAS ENDOWMENT

Schedule A (Form 990) 2022 FOUNDATION, INC. 75-1552721 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	***************************************
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			J. Salah	
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7:				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				****
	Remainder, Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h			MINA	
-	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

GIRL SCOUTS OF NORTHEAST TEXAS ENDOWMENT

Schedule A			NC.	75-1552721 Page 8
Part VI	Supplemental Informati Part IV, Section A, lines 1, 2, 3I line 1; Part IV, Section D, lines	5, 3c, 4b, 4c, 5a, 6, 9a, 2 and 3; Part IV, Sectic	nations required by Part II, line 10; Pa 9b, 9c, 11a, 11b, and 11c; Part IV, So In E, lines 1c, 2a, 2b, 3a, and 3b; Part es 2, 5, and 6. Also complete this part	ection B, lines 1 and 2; Part IV, Section C, V, line 1; Part V, Section B, line 1e; Part V,
	(See instructions.)	Fait v, Section E, line	es 2, 3, and 6. Also complete this part	nor any additional information.
B.W				
***************************************		1415-1476-145-1		
				######################################
B				
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100				
<u> </u>				
			4.44	

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

GIRL SCOUTS OF NORTHEAST TEXAS ENDOWMENT FOUNDATION, INC.

Employer identification number 75-1552721

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		mar runds or A	CCOUNTS. Complete if the
-		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)	**		
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	_		
	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that gran	t funds can be used	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	other purpose confe	rring
	impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes"	on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a his	torically important land area
	Protection of natural habitat		Preservation of a cer	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contributi	on in the form of a c	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a	- · · · · · · · · · · · · · · · · · · ·		
				2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or ter	minated by the orga	nization during the tax
	year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the peri		n, handling of	
	violations, and enforcement of the conservation easements it	***************************************		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	enforcing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enfo	rcing conservation e	asements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?	·····		Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's fi	nancial statements t	hat describes the
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections of	·	sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its reven	ue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, o	r research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue s	tatement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or re	esearch in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea	sures, or other similar ass	ets for financial gain	, provide
	the following amounts required to be reported under FASB AS	-		
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

232051 09-01-22

Schedule D (Form 990) 2022

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

	GIRL SC	OUTS OF NO	RTHEAST TEX	AS ENDOWME	NT	
Sche		ION, INC.			75-1	552721 Page 2
Par	t III Organizations Maintaining (Collections of Ar	t, Historical Tre	asures, or Othe	r Similar Asse	ts (continued)
3	Using the organization's acquisition, access	ion, and other record	s, check any of the fo	ollowing that make s	ignificant use of its	3
	collection items (check all that apply):		-			
а	Public exhibition	c	I Loan or exch	nange program		
b	Scholarly research	€		- , -		
С	Preservation for future generations					
4	Provide a description of the organization's of	ollections and explain	n how they further th	e organization's exer	mpt purpose in Pa	rt XIII.
5	During the year, did the organization solicit	or receive donations	of art, historical treas	ures, or other similar	assets	
	to be sold to raise funds rather than to be m	aintained as part of t	he organization's col	lection?		Yes No
Par	t IV Escrow and Custodial Arrar	igements. Compl	ete if the organization	n answered "Yes" on	Form 990, Part IV	, line 9, or
	reported an amount on Form 990, Pa					
1a	Is the organization an agent, trustee, custoo	lian or other intermed	liary for contributions	or other assets not	included	
	on Form 990, Part X?	**************************		*************************		Yes No
b	If "Yes," explain the arrangement in Part XIII					
						Amount
С	Beginning balance				1c	
d	Additions during the year				1 1	
е	Distributions during the year				1 1	
f	Ending balance					
2a	Did the organization include an amount on I					Yes No
b	If "Yes," explain the arrangement in Part XII	. Check here if the ex	planation has been p	provided on Part XIII	***************************************	
Pai	t V Endowment Funds. Complete	if the organization ar	nswered "Yes" on Fo	rm 990, Part IV, line	10.	
		(a) Current year	(b) Prior year			k (e) Four years back
1a	Beginning of year balance			138,561.	134,102	133,922.

_	-						_
2	Provide the estimated	percentage of the c	urrent yea	r end balance	(line 1g,	, column (a)) held as	3:

2	Board designated or guasi-endowment	.0000	%
а .	Dodiu designated of duast-endownient	• 0 0 0 0	70

Contributions

Net investment earnings, gains, and losses Grants or scholarships

and programs Administrative expenses

Other expenditures for facilities

End of year balance

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

Yes Nο (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equ	al Form 990. Part X. colun	nn (B), line 10c.)		0.

Schedule D (Form 990) 2022

4,610.

143,171

4,459

138,561.

180.

134,102.

^{.0000} Permanent endowment

^{.0000 %} Term endowment

FOUNDATION, INC	F	UO	ADI	${ t TION}$, INC
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(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other		74441	
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			·
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
		e 11d. See Form 990, Part X, line 15.	(h) Book value
(a) [on Form 990, Part IV, lin Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) [Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description 15.)		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" complete if the organization and the organiz	Description 15.)		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) [Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description 15.)		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability of the organization of the organizat	Description 15.)		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability	Description 15.)		(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes	Description 15.)		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) DUE TO COUNCIL	Description 15.)		(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of the imag	Description 15.)		(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of the ima	Description 15.)		(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) DUE TO COUNCIL (3) (4) (5) (6)	Description 15.)		(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) DUE TO COUNCIL (3) (4) (5) (6) (7)	Description 15.)		(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) DUE TO COUNCIL (3) (4) (5) (6) (7) (8)	Description 15.)		(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) DUE TO COUNCIL (3) (4) (5) (6) (7)	Description 15.) On Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	(b) Book value

232053 09-01-22

Schedule D (Form 990) 2022

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

FOUNDATION, INC.

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	210,523.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				***************************************
а	Net unrealized gains (losses) on investments	2a	145,958.		
b	Donated services and use of facilities	2b	-		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		-320.		
е	Add lines 2a through 2d			2e	145,638.
3	Subtract line 2e from line 1			3	64,885.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	64,885.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	ts With	Expenses per F		
L	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	83,735.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		***************************************	ARM	
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b	,		
c	Other losses	2c			
q	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	83,735.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a.	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	320.		
	Add lines 4a and 4b	I		4c	320.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	84,055.
	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	lines 1b a	nd 2b: Part V. line 4	: Part X.	line 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition			, , ,	,,, c,,,,
	and is, and i at this into 2d and is in its complete the part to provide any addition	mar ii ii oi ii ii	acron.		
PAE	RT X, LINE 2:				
THE	ORGANIZATION IS EXEMPT FROM FEDERAL INCOME	TAX	UNDER 501(C)(3) OF THE
				- / \ -	,
INT	ERNAL REVENUE CODE, EXCEPT TO THE EXTENT TH	TI TA	HAS UNREL	ATED	BUSINESS
INC	COME. THROUGH SEPTEMBER 30, 2023 AND 2022, T	HE OR	GANIZATION	HAD	NO

MA	PERIAL NET UNRELATED BUSINESS INCOME. ACCORD	INGLY	. NO PROVI	SION	FOR
			, _,		
INC	COME TAX HAS BEEN PROVIDED IN THE ACCOMPANYI	NG CO	NSOLIDATED	FIN	ANCIAL
STA	TEMENTS. THE ORGANIZATION IS NOT CLASSIFIED	AS A	PRIVATE F	OUND	ATION.
===			36 10 T 200 V 10 10 10 10 10 10	00112	
IN	JUNE 2006, THE FINANCIAL ACCOUNTING STANDAR	DS BO	ARD RELEAS	ED G	UIDANCE
	The state of the s				
ON	THE ACCOUNTING TREATMENT FOR UNCERTAINTY IN	INCO	ME TAXES (ACCO1	UNTING

STANDARDS CODIFICATION 740-10-25 "UNCERTAINTY IN INCOME TAXES"). THIS

GUIDANCE STATES THAT AN ENTITY WILL BE REQUIRED TO UTILIZE DIFFERENT

Part XIII Supplemental Information (continued)

RECOGNITION THRESHOLDS AND MEASUREMENT REQUIREMENTS WHEN COMPARED TO PRIOR

TECHNICAL LITERATURE. THE PRONOUNCEMENT REQUIRES THAT THE ORGANIZATION

RECOGNIZE IN ITS FINANCIAL STATEMENTS THE FINANCIAL EFFECTS OF A TAX

POSITION, IF THAT POSITION IS MORE LIKELY THAN NOT OF BEING SUSTAINED UPON

EXAMINATION, INCLUDING RESOLUTION OF ANY APPEALS OR LITIGATION PROCESSES,

BASED UPON THE TECHNICAL MERITS OF THE POSITION.

TAX POSITIONS TAKEN RELATED TO THE ORGANIZATION'S STATUS HAVE BEEN
REVIEWED, AND MANAGEMENT IS OF THE OPINION THAT MATERIAL POSITIONS TAKEN
BY THE ORGANIZATION WOULD MORE LIKELY THAN NOT BE SUSTAINED BY
EXAMINATION. AS OF SEPTEMBER 30, 2023 AND 2022, THE ORGANIZATION HAS NOT
RECORDED AN INCOME TAX LIABILITY FOR UNCERTAIN TAX BENEFITS. AS OF
SEPTEMBER 30, 2023, THE ORGANIZATION'S TAX YEARS 2020 AND THEREAFTER
REMAIN SUBJECT TO EXAMINATION.

IN DECEMBER 2021, THE IRS ADVISED THAT THE ORGANIZATION'S GSNETX STEM

CENTER OF EXCELLENCE FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019

WAS UNDER AUDIT. IN MAY 2022, THE IRS ADVISED THEY HAD COMPLETED AND

CLOSED THE EXAMINATION WITH NO CHANGES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

NEGATIVE INVESTMENT INCOME -320.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

NEGATIVE INVESTMENT INCOME 320.

Schedule D (Form 990) 2022

SCHEDULE I (Form 990)

	Grants and Other Assistance to Organizations.	OMB No. 1545-004/
	Governments, and Individuals in the United States	0000
	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	7707
he Treasury	Attach to Form 990,	Open to Public
e Service	Go to www.irs.gov/Form990 for the latest information.	Inspection
ganizatior	e organization GIRL SCOUTS OF NORTHEAST TEXAS ENDOWMENT	Employer identification number
	FOUNDATION, INC.	75-1552721
neral Info	General Information on Grants and Assistance	

%

X Yes

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection

Name of the organization

Part I

Department of the Treasury Internal Revenue Service

(Figure 2015)	criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. IT Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ance? sedures for monitori omestic Organizat 5,000. Part II can be	wing the use of grant fations and Domestic be duplicated if additic	unds in the United Governments. Conal space is neede	States. complete if the organged.	nization answered "Y	E of grant funds in the United States. Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ed if additional space is needed. Section (a) Amount of (b) Amount of (b) Method of (c) Description of (h) Purposition of (h) Purposi	IV, line 21, for any (h) Purpose of grant
75–1101571 501(C)(3) 76,285. 0. SUPPORT FOR THE OPERATIONS OF THE OPERATION OF THE OPERATION	anizaulon	NI (a)	(if applicable)	(a) Annount of	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	or assistance
	GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DR, STE 101 DALLAS, TX 75252-5334		501(C)(3)		o			SUPPORT FOR THE OPERATIONS OF THE GIRL SCOUTS OF NORTHEAST TEXAS
	501(c)(3) and	d government org	anizations listed in the	line 1 table				
	anizations	listed in the line 1	table			***************************************		

GIRL SCOUTS OF NORTHEAST TEXAS ENDOWMENT FOUNDATION, INC.

Schedule I (Form 990) 2022

Page 2

75-1552721

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Perl V Supplemental Information. Provide the information required in Part I, line 2: Part III, colurn (b); and any other additional information. PART I, LINE 2: THE ENDOWMENT FOUNDATION PROVIDES FUNDS FOR GIRL SCOUTS OF NORTHEAST TEXAS PROGRAMS. THE ENDOWMENT FOUNDATION BOARD ANNUALLY REVIEWS THE CONSOLIDATED AUDITED FINANCIALS OF THE GIRL SCOUTS OF NORTHEAST TEXAS AND THE GIRL SCOUTS OF NORTHEAST TEXAS ENDOWMENT FOUNDATION, INC.	(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 noncash assistance
Supplemental Information. Provide the information required in Paa I, LINE 2: NDOWMENT FOUNDATION PROVIDES FUNDS AMS. THE ENDOWMENT FOUNDATION BOARD ED FINANCIALS OF THE GIRL SCOUTS OF S OF NORTHEAST TEXAS ENDOWMENT FOUN						
Supplemental Information. Provide the information required in Pal I, LINE 2: NDOWMENT FOUNDATION PROVIDES FUNDS AMS. THE ENDOWMENT FOUNDATION BOARD ED FINANCIALS OF THE GIRL SCOUTS OF S OF NORTHEAST TEXAS ENDOWMENT FOUN						
Supplemental Information. Provide the information required in Part, LINE 2: NDOWMENT FOUNDATION PROVIDES FUNDS AMS. THE ENDOWMENT FOUNDATION BOARD ED FINANCIALS OF THE GIRL SCOUTS OF S OF NORTHEAST TEXAS ENDOWMENT FOUN						
Supplemental Information. Provide the information required in Particular 2: NDOWMENT FOUNDATION PROVIDES FUNDS AMS. THE ENDOWMENT FOUNDATION BOARD ED FINANCIALS OF THE GIRL SCOUTS OF S OF NORTHEAST TEXAS ENDOWMENT FOUN						
Supplemental Information. Provide the information required in Part I. I, LINE 2: NDOWMENT FOUNDATION PROVIDES FUNDS AMS. THE ENDOWMENT FOUNDATION BOARD ED FINANCIALS OF THE GIRL SCOUTS OF S OF NORTHEAST TEXAS ENDOWMENT FOUN						
I, LINE 2: NDOWMENT FOUNDATION PROVIDES FUNDS AMS. THE ENDOWMENT FOUNDATION BOARD ED FINANCIALS OF THE GIRL SCOUTS OF S OF NORTHEAST TEXAS ENDOWMENT FOUN	Ш	uired in Part I, line	e 2; Part III, column	(b); and any other ad	ditional information.	
ENDOWMENT FOUNDATION PROVIDES FUNDS RAMS. THE ENDOWMENT FOUNDATION BOARD TED FINANCIALS OF THE GIRL SCOUTS OF TS OF NORTHEAST TEXAS ENDOWMENT FOUN	I, LINE					
RAMS. THE ENDOWMENT FOUNDATION BOARD TED FINANCIALS OF THE GIRL SCOUTS OF TS OF NORTHEAST TEXAS ENDOWMENT FOUN	THE ENDOWMENT FOUNDATION PROVIDES F		GIRL SCOU	TE OF NORTI	HEAST TEXAS	
OF NORT	RAMS. THE	Α	NUALLY REV	TEWS THE CO	ONSOLIDATED	
OF NORTHEAST TEXAS ENDOWMENT FOUNDATION,	INANC	UTS OF NO	RTHEAST TE	XAS AND TH	3 GIRL	
	OF NORTHEAST TEXAS	1				

232102 10-31-22

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

GIRL SCOUTS OF NORTHEAST TEXAS ENDOWMENT FOUNDATION, INC.

Employer identification number 75-1552721

Questions Regarding Compensation Yes Nο 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 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 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? X Any related organization? X 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? Х Х Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III X If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2022

Regulations section 53.4958-6(c)?

75-1552721 GIRL SCOUTS OF NORTHEAST TEXAS ENDOWMENT

INC. FOUNDATION,

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Page 2

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

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

Do not list any individuals that aren't listed on Form 990, Part VII.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC	2 and/or 1099-MISC	and/or 1099-NEC	(C) Retirement and	ble	(E) Total of columns	(F) Compensation
			compensation		other deferred	Denetits	(a)-(i)(a)	In column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JENNIFER K. BARTKOWSKI	<u></u>	0	0	0.	0	0	0	0
CEO	Ξ	276,317.	50,000.	27,000.	26,132.	16,069.	395,518.	0.
(2) DEBRA ROLING	ε	0	0	0	• 0	0.	0.	0
CFAO	(ii)	152,700.	16,889.	14,649.	14,847.	4,531.	203,616.	0
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Schedule J (Form 990) 2022

GIRL SCOUTS OF NORTHEAST TEXAS ENDOWMENT FOUNDATION, INC.

Part III | Supplemental Information

Schedule J (Form 990) 2022

232113 10-18-22

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2022
Open to Public Inspection

Name of the organization

GIRL SCOUTS OF NORTHEAST TEXAS ENDOWMENT FOUNDATION, INC.

Employer identification number 75–1552721

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROGRAMS TO YOUTH IN 32 COUNTIES IN NORTHEAST TEXAS. FORM 990, PART VI, SECTION B, LINE 11B: COPY OF FORM 990 WAS PROVIDED TO THE ORGANIZATION'S BOARD OF DIRECTORS FOR REVIEW BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: BOARD OF DIRECTORS COMPLETE AN ANNUAL CONFLICT OF INTEREST OUESTIONNAIRE. FORM 990, PART VI, SECTION B, LINE 15: THE ENDOWMENT FOUNDATION PAYS NO COMPENSATION TO ANY OFFICERS OR DIRECTORS. ALL COMPENSATION IS PAID THROUGH THE GIRL SCOUTS OF NROTHEAST TEXAS. THE GIRL SCOUTS OF NORTHEAST TEXAS COMPENSATION COMMITTEE REVIEWS AND APPROVES CEO COMPENSATION. COMPENSATION OF OFFICERS AND KEY EMPLOYEES IS ADMINISTERED IN ACCORDANCE WITH APPROVED COMPENSATION POLICIES AND SALARY MATRICES DEVELOPED USING NON-PROFIT COMPENSATION SURVEYS, FORM 990 INFORMATION FROM OTHER ORGANIZATIONS, NORTHEAST TEXAS SALARY SURVEYS AND PERIODIC COMPENSATION CONSULTANT REVIEWS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S FORM 990 AND OTHER FINANCIAL INFORMATION ARE POSTED ON THE WEBSITE FOR THE GIRL SCOUTS OF NORTHEAST TEXAS. THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

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

STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Schedule O (Form 990) 2022

FOUNDATION, INC.	Employer identification number 75–1552721
FORM 990, PART XII, LINE 2C AUDIT COMMITTEE RESPONSIBILITI	ES
THE ENDOWMENT BOARD ASSUMES RESPONSIBILITY FOR OVERSIGHT O	F THE AUDIT
BY MEETING WITH THE AUDITOR ANNUALLY ON THE FINANCIAL STAT	EMENTS. A
MEMBER OF THE GIRL SCOUTS OF NORTHEAST TEXAS BOARD OF DIRE	CTORS SERVES
AS AN ENDOWMENT BOARD VOTING MEMBER. THE GIRL SCOUTS OF NO	RTHEAST TEXAS
AUDIT COMMITTEE APPROVES THE SELECTION OF THE INDEPENDENT	ACCOUNTANT
FOR THE CONSOLIDATED AUDIT FOR GIRL SCOUTS OF NORTHEAST TE	XAS ENDOWMENT
FOUNDATION INC., GSNETX STEM CENTER OF EXCELLENCE, AND GIR	L SCOUTS OF
NORTHEAST TEXAS.	
THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.	
FORM 990, PART IV, QUESTION 12, AUDITED FINANCIAL STATEMEN	TS
A CONSOLIDATED FINANCIAL STATEMENT AUDIT IS COMPLETED FOR	GIRL SCOUTS
OF NORTHEAST TEXAS, GIRL SCOUTS OF NORTHEAST TEXAS ENDOWME	NT
FOUNDATION, AND GIRL SCOUTS OF NORTHEAST TEXAS STEM CENTER	OF
EXCELLENCE, WITH SUPPLEMENTAL SCHEDULES INCLUDED IN THE AU	DIT REPORT
DETAILING THE FINANCIAL STATEMENTS FOR EACH LEGAL ENTITY.	A
RECONCILIATION BETWEEN THE FINANCIAL STATEMENTS AND FORM 9	90 FOR GIRL
SCOUTS OF NORTHEAST TEXAS ENDOWMENT FOUNDATION IS INCLUDED	IN SCHEDULE
D, PARTS XI AND XII.	

Attach to Form 990. **SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

Open to Public Inspection 2022

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information. GIRL SCOUTS OF NORTHEAST TEXAS ENDOWMENT

Employer identification number 75-1552721

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part

INC. FOUNDATION Name of the organization

Direct controlling End-of-year assets **(e)** Total income ত্ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Part II

ì							
(a)	(q)	(0)	(p)	(e)	(£)	(g)	(2)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	section 3 12(b)(controlled	(5) (6) (a)
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	No No
GIRL SCOUTS OF NORTHEAST TEXAS - 75-1101571	GIRL SCOUTING BUILDS GIRLS						
6001 SUMMERSIDE DR, STE 101	OF COURAGE, CONFIDENCE AND						
DALLAS, TX 75252	CHARACTER.	TEXAS	501(C)(3)	LINE 7			×
GSNETX STEM CENTER OF EXCELLENCE -							
81-1809536, 6001 SUMMERSIDE DR, STE 101,	SUPPORT FOR THE GIRL				SIRL SCOUTS OF		
DALLAS, TX 75252	SCOUTS OF NORTHEAST TEXAS	TEXAS	501(C)(3)	LINE 12A, I	NORTHEAST TEXAS		×
						- nun	
							

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

Schedule R (Form 990) 2022

GIRL SCOUTS OF NORTHEAST TEXAS ENDOWMENT

Page 2

75-1552721

FOUNDATION,

Part III

Schedule R (Form 990) 2022

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(h) (i) (k)	Disproportionate Code V-UBI General or Percentage amount in box managing ownership 20 of Schedule	å						-0144	Market Services	and the second s		Identification of Belated Organizations Tayable as a Competion or Trust Complete if the organization answered "Yes" on Form 990 Part IV line 34 heralise it had one or more related
(a)	Share of Disprendent of allogon	Yes	 	 								1 1 2 000
Œ	Share of total income											
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)										torinopao odt ji otola
(g)	Direct controlling entity											H
<u></u>	Legal domicile (state or	country)										(
(q)	Primary activity											F
(a)	Name, address, and EIN of related organization											And betaled to maiter itinately

	1	1				I			ı	
Section 512(b)(13)	ity?	ž	 							
Sec 512(ent	Yes								
(h) Percentage	ownersnip		***************************************							
(g) Share of					٠					
(f) Share of total	income									
(e) Type of entity	(C corp, S corp,	(2000)					 			
(d) Direct controlling	entity				 ***************************************					
(c) Legal domicile	(state or foreign	country)								
(b) Primary activity										
(a) Name, address, and EIN	ot related organization									

Schedule R (Form 990) 2022

75-1552721

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Schedule R (Form 990) 2022

				ŀ	-	
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	શ
1 During the tax year, did the organization engage in any of the following transactions	s with one or more rel	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1 a		×
b Gift, grant, or capital contribution to related organization(s)				1b	×	
(S)				10		×
				1d		×
				<u>و</u>	×	
f Dividends from related organization(s)				#		×
g Sale of assets to related organization(s)				1g		×
Purchase of assets from related organization(s)				1h	_	×
i Exchange of assets with related organization(s)				ï		×
				ij		⋈
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
l Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			11		×
m Performance of services or membership or fundraising solicitations by related organization(s)	ization(s)			ᄪ		×
Sharing of facilities, equipment, mailing lists, or other assets with relate	on(s)			두	×	
				ဥ	×	
		, , , , , , , , , , , , , , , , , , , ,			100	
a Daimhirramant naid to ralated organization(a) for avenance				£	×	
				2 5	╁	×
q neilliouisellein paid by leighed digalilization(s) for expenses				2		:
						>
				-		4 ;
s Other transfer of cash or property from related organization(s)			***************************************	18		×ا
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete thi	s line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	lved		
(1) GIRL SCOUTS OF NORTHEAST TEXAS	Д	76,285.	CASH			
(2)						
(3)						
(4)						
(5)						
(9)						
232163 09-14-22			Schedule R (Form 990) 2022	(Form	990) 2(8

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GIRL SCOUTS OF NORTHEAST TEXAS ENDOWMENT FOUNDATION, INC.

Schedule R (Form 990) 2022

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) centage	rship														
(F)	owne				 		***********		 		 				
(j) General o managin	partner? Yes No			 		***************************************		***************************************		 	 				
(i) Code V-UBI	Albergions? Of Schedule K-1 partner? Ownership (Form 1065) Yes No														
(h) ispropor- tionate	allocations?											-			
	end-of-year all assets				100										
0	total income														
(e) Are all partners sec. 501 (c)(3)	Yes No														
(d) Predominant income	excluded from tax under sections 512-514)														
(c) Legal domicile	(state or foreign country)														
(b) Primary activity															
(a) (b) (c) (d) (d) (d) Name, address, and EIN Primary activity Legal domicile Predominant income	of entity														

GIRL SCOUTS OF NORTHEAST TEXAS ENDOWMENT

Schedule F	R (Form 990) 2022	FOUNDATION,	INC.	75-1552721	Page 5
Part VII	Supplemental Info	FOUNDATION, ormation			
	Drovide additional infer	mation for roomanage to a	uestions on Schedule R. See instructions.		
	Provide additional infor	mation for responses to qu	destions on Schedule H. See Instructions.		
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