### \*\* PUBLIC DISCLOSURE COPY \*\*

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)

OMB No. 1545-0047

2020

Open to Public

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Α	For the	e 2020 calendar year, or tax year beginning $OCT 1$ , $2020$ and	ending S	EP 30	, 2021			
В	Check if applicabl	C Name of organization		D Emplo	yer identific	cation number		
	Addre chang	GIRL SCOUTS OF NORTHEAST TEXAS						
	Name chang	Doing business as		75	-11015'	71		
	Initial return Final return		Room/suite		one number 2 – 3 4 9 – 2			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross re		17,320	,662.	
	Amen			50000 CONTRACTOR CONTRACTOR	is a group re		,	
	Application	I F Name and address of principal officer: OFINITEE DAKINOWSKI			ubordinates		X No	
	pendi	SAME AS C ABOVE			I subordinates in			
1	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) o	or 527	Andrew Communications		list. See instruc	tions	
_		te: > WWW.GSNETX.ORG		H(c) Grou	up exemption	n number 🕨		
		organization: X Corporation Trust Association Other ▶	L Year	of formation	: 1956 N	State of legal do	micile: TX	
P	art I	Summary						
۵	1	Briefly describe the organization's mission or most significant activities: GIRL						
Activities & Governance		COURAGE, CONFIDENCE AND CHARACTER, WHO MA						
7	2	Check this box if the organization discontinued its operations or dispos			1 1	ets.	0.0	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		••••••	3	<b></b>	28 28	
a	4	Number of independent voting members of the governing body (Part VI, line 1b)					$\frac{28}{241}$	
Fies	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			5 6		9089	
ţ	70	Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12			6		0.	
A	'a	Net unrelated business taxable income from Form 990-T, Part I, line 11					0.	
_	B	Not unrolated business taxable moonle nontrollin 550-1,1 art i, line 11		Prior Y		Current \		
200	8	Contributions and grants (Part VIII, line 1h)			4,570.	5,435		
9	9	Program service revenue (Part VIII, line 2g)	404 (MIC A) (MIC)		8,517.		,321.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			3,493.		,948.	
ä	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			1,468.	6,556		
	1000000	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			8,048.	12,697		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			7,442.		,612.	
	0.0000000000000000000000000000000000000	Benefits paid to or for members (Part IX, column (A), line 4)			0.		0.	
ų	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		8,91	9,118.	8,221	,408.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		4:	3,538.	1,260.		
, and	b	Total fundraising expenses (Part IX, column (D), line 25)  716,69	98.					
ú	i 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			0,354.	4,264		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,90		12,722		
_	19	Revenue less expenses. Subtract line 18 from line 12		60'	7,596.	-24	,848.	
Net Assets or			Ве	ginning of C		End of Y		
sset	20	Total assets (Part X, line 16)			3,019.	25,099		
et A	21	Total liabilities (Part X, line 26)			6,293.		,356.	
금	art II	Net assets or fund balances. Subtract line 21 from line 20		21,620	6,726.	21,599	,635.	
-					h . h t . f	lea estada de estada la	-11 - C 11 1 -	
		Ities of perjury, I declare that I have examined this return, including accompanying schedules		The same of the sa		knowledge and b	elief, it is	
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	nas any kno		1122		
Sig	ın	Signature of officer			ate	1108	-	
He		DEBRA ROLING, CFAO			717			
110	16	Type or print name and title						
		Print/Type preparer's name Preparer's signature	T	Date	Check	PTIN		
Pai	d	IRA L. NEVELOW Dra Nevelow		05/26/2	if	500000	210	
	parer	Firm's name WEAVER AND TIDWELL, LLP				75-07863		
	Only	Firm's address 2300 N. FIELD ST., STE. 1000			o Env	. 3 01000		
_		DALLAS, TX 75201		P	hone no.97	2.490.19	70	
Ма	y the IF	RS discuss this return with the preparer shown above? See instructions				X Yes	No	

	990 (2020) GIRL SCOUTS OF NORTHEAST TEXAS 75-1101	571	P	age 3
Pai	t 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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
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			١
	similar amounts as defined in Revenue Procedure 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?			37
40	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		v	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Part VI	Ha	- 21	_
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	115		
Ū	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	110		
-	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	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.15		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
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		X
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			17
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	,,	v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
200	complete Schedule G, Part III	19		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		-
		I		

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ..... 032003 12-23-20

Form 990 (2020) GIRL SCOUTS OF NORTHEAST TEXAS

Part IV Checklist of Required Schedules (continued)

Vi i			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	Х	
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	200		
120	Schedule K. If "No," go to line 25a	24a		<u>X</u>
	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			
	any tax-exempt bonds?	24c	_	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	25 254 250 25 25 25 25 25 25 25 25 25 25 25 25 25	25b		Х
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	N. Salah		
	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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 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			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	
	Part V, line 1	34	Х	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	ach		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30		36		х
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
o,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 07		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	<u> </u>
00000	1 12 22 20	Earm	gan.	(2020)

032004 12-23-20

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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 Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

Form 990 (2020) GIRL SCOUTS OF NORTHEAST TEXAS 75-1101571 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below 7b be 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 28			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 05		
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3		
	This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	165	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		
Б	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Х	_
		11a	Λ	Kette.
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		
14	Did the organization have a written document retention and destruction policy?	14	Х	30000
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		77	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	55000
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	DESCRIPTION OF THE PERSON NAMED IN COLUMN 1	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization'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, and 990-T (Section 501(c)(3))	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	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 books and records			
	DEBRA ROLING - 972-349-2462			
	6001 SUMMERSIDE DR, DALLAS, TX 75252			

# Form 990 (2020) GIRL SCOUTS OF NORTHEAST TEXAS 75-1 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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

one on the port in relation in a organization i	T Totalou	T			0011	.po.		1	i dottor, or tradition	
(A)	(B)			(C Pos	C)			(D)	(E)	(F)
Name and title	Average		not c	heck i	more	than		Reportable	Reportable	Estimated
	hours per week		, unle cer ar					compensation from	compensation	amount of other
	(list any	jo				Π	Ė	the	from related organizations	compensation
	hours for	direc				-g		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			nsate		(W-2/1099-MISC)	,	organization
	organizations	Itrust	nal trı		oyee	om o				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Ind	Inst	Offi	Key	E E	F			
(1) JENNIFER BARTKOWSKI	38.00	1								
CEO	2.00			Х		_	_	335,177.	0.	33,671.
(2) DEBRA ROLING	38.00								-	The state of the s
CFAO	2.00			X	_	L	_	181,610.	0.	12,053.
(3) ASHLEY CROWE	40.00									
CHIEF PROGRAM OFFICER		L		X	_	┖		149,830.	0.	17,594.
(4) AMANDA DUQUETTE	40.00									
CHIEF MARKETING OFFICER				Х		L		138,900.	0.	22,203.
(5) ERIN FISCHER	40.00									
VP FUND DEVELOPMENT				X		L		143,767.	0.	14,042.
(6) STEVE CARNES	40.00	]								
SENIOR DIRECTOR IT				X				132,172.	0.	14,303.
(7) KRISTIN NEEL	40.00									
VP MEMBER STRATEGY & VOL. LEARNING				X				100,525.	0.	19,547.
(8) MARGIE AGUILAR	1.00									
MEMBER-AT-LARGE		X						0.	0.	0.
(9) NANCY BERNARDINO	1.00	]				l				
MEMBER-AT-LARGE		X						0.	0.	0.
(10) KRISTEN COOK	1.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
(11) JJ WHITE	1.00									
MEMBER-AT-LARGE		X						0.	0.	0.
(12) BRAD MROSKI	1.00									
MEMBER-AT-LARGE		X						0.	0.	0.
(13) APRIL BITTNER SLOVENSKY	1.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
(14) ELENA SACCA SMITH	1.00									
MEMBER-AT-LARGE		X						0.	0.	0.
(15) MIKE BREEN ECKHARD	1.00									
MEMBER-AT-LARGE		X						0.	0.	0.
(16) DEE BROWN	1.00									
MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(17) MARIAN BROWN	1.00									
MEMBER-AT-LARGE		X				L		0.	0.	0.
022007 40 22 20										Form 990 (2020)

032007 12-23-20

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)		(C				(D)	(E)		(F)	
Name and title	Average			Posi				Reportable	Reportable	l F	stimated
	hours per			heck m sspers				compensation	compensation		nount of
	week	offi	cer an	d a dir	recto	r/trust	ee)	from	from related		other
	(list any	ctor						the	organizations	com	pensation
	hours for	or dire				ted		organization	(W-2/1099-MISC)	f	rom the
	related	stee c	trustee			ensa		(W-2/1099-MISC)			anization
	organizations	al tru	onal t		loyee	comi				9054000	d related
	below line)	Individual trustee or director	Institutional 1	Officer	Key employee	Highest compensated employee	Former			org	anizations
		lnc	Ins	¥	Xe.	E E	요				
(18) LESLEY HARRIS	1.00										
MEMBER-AT-LARGE	1.00	X	_					0.	0	•	0.
(19) STEPHANIE KINSER	1.00			Ш							
MEMBER-AT-LARGE		X						0.	0		0.
(20) SHARON MORRISON	1.00										
MEMBER-AT-LARGE		X						0.	0	•	0.
(21) BARRY PENNETT	1.00			П							
MEMBER-AT-LARGE	1.00	Х						0.	0	.	0.
(22) VICKY TEHERANI	1.00			П							
MEMBER-AT-LARGE		х		H				0.	0	.	0.
(23) CANDACE WINSLOW	1.00			$\vdash$				•		+	
MEMBER-AT-LARGE	1.00	х		ΙI				0.	0		0.
(24) BRENDA CUBBAGE	1.00	Λ	-	$\vdash$	_			0.	U	•	0.
1.30 S. O.		77		ll					0		٥
MEMBER-AT-LARGE	1.00	Х		$\vdash$		-		0.	0	•	0.
(25) AMY MCCUNE	1.00			ll					•	1	•
MEMBER-AT-LARGE		X		$\sqcup$		_		0.	0	•	0.
(26) MICHELLE MILLER	1.00									1	
MEMBER-AT-LARGE		X						0.	0		0.
1b Subtotal								1,181,981.	0		3,413.
c Total from continuation sheets to Part VI								0.	0		0.
d Total (add lines 1b and 1c)							<b></b>	1,181,981.	0	. 13	3,413.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable		
compensation from the organization											7
											Yes No
3 Did the organization list any former officer,	director, truste	ee, l	cev e	emple	ove	e, or	hig	hest compensated emp	lovee on		
line 1a? If "Yes," complete Schedule J for s				97	•		-	N	15.	3	Х
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150			-						1,-	4	Х
5 Did any person listed on line 1a receive or a										8463	
										5	Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Scheaule	2 / 1	OF SI	ich t	ers	on .	•••••			1 3	21
									100 000 of some on		
1 Complete this table for your five highest co										sation ir	om
the organization. Report compensation for	ine calendar ye	ear e	enair	ng wi	itn c	or wi	tnin		ear.		• •
(A) Name and business	addrace	NT/	<b>~</b> ****	-			- 1	(B) Description of s	onvices		C) ensation
Ivalile and business	address	14(	INC	5			$\dashv$	Description of s	ervices	Compe	ilisation -
							_				
							- 1				
							J				
								<u></u>			
							7				
2 Total number of independent contractors (ii	ncluding but n	ot lir	nite	d to t	thos	se lis	ted	above) who received me	ore than		
\$100,000 of compensation from the organization						)					
SEE PART VII, SECTION		IN	IUA	TI	ON	S	HE	ETS		Form	990 (2020)

032008 12-23-20

Form 990 GIRL SCO	UTS OF N	IOR	TH	EA	ST	T	EX	AS	75-110	1571
Part VII   Section A. Officers, Directors, Tre	ustees, Key En	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employe		
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
	hours	(check all that apply)					ly)	compensation	compensation	amount of
a a	per							from	from related	other
	week	<u></u>				loyee		the	organizations	compensation
	(list any hours for	lirecto				emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	10 a:	stee			satec		(88-271099-181130)		and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
	below	idual	tution	ار ا	Key employee	est co	ıer			3
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(27) YARELI ESTEBAN	1.00									
MEMBER-AT-LARGE		X						0.	0.	0.
(28) CRIS LOPEZ	1.00									
VICE CHAIR		X		X				0.	0.	0.
(29) CASSIE LEE	1.00									
VICE CHAIR		X		X				0.	0.	0.
(30) TRISHA CUNNINGHAM	1.00									
VICE CHAIR		X		X				0.	0.	0.
(31) PETER BALYTA	1.00									
VICE CHAIR		X		X				0.	0.	0.
(32) ROBERTA LUXBACHER	1.00									
VICE CHAIR		X		X				0.	0.	0.
(33) DONNA EPPS	2.00									
CHAIR		Х		X				0.	0.	0.
(34) TRACY A. LAROSILIERE	1.00									***
SECRETARY		X	_	X				0.	0.	0.
(35) JOSE MOTTA	1.00									_
TREASURER			_	X	_	_		0.	0.	0.
		-								
				_		H				
		1								
				$\vdash$		$\vdash$	$\vdash$			
		1								
<del></del>		$\vdash$		$\vdash$		$\vdash$				
		1							2.	
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		1								
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		1			_					
		L	L	L						
<u></u>										
Total to Part VII, Section A, line 1c								l		

75-1101571 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 320,873. 1 a Federated campaigns 1a b Membership dues 1b 550,805, c Fundraising events ..... 1c 326,906 d Related organizations ..... 1d 1,887,419. e Government grants (contributions) All other contributions, gifts, grants, and 2,349,965 similar amounts not included above 99,186 g Noncash contributions included in lines 1a-1f 5,435,968. h Total. Add lines 1a-1f **Business Code** 2 a OUTDOOR PROGRAM FEES 900099 494,194. 494,194. Program Service b GIRL & ADULT PROG FEES 107,127. 900099 107,127. f All other program service revenue g Total. Add lines 2a-2f 601,321. Investment income (including dividends, interest, and other similar amounts) 111,658. 111,658, Income from investment of tax-exempt bond proceeds 8,287. 8,287. 5 Royalties ..... (i) Real (ii) Personal 117,876. 6 a Gross rents ..... 70,611. b Less: rental expenses ... 47,265. c Rental income or (loss) 47,265. 47,265. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis and sales expenses ...... 7,710. 7b Other Revenue -7,710. c Gain or (loss) ..... -7,710. -7,710. d Net gain or (loss) 8 a Gross income from fundraising events (not 550,805. of including \$ contributions reported on line 1c). See 21,500. Part IV, line 18 109,099 b Less: direct expenses -87,599. -87,599. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses ..... c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10,997,811 and allowances 10b 4,435,880 b Less: cost of goods sold ..... 6,561,931, 6,561,931 c Net income or (loss) from sales of inventory **Business Code** iscellaneous 900099 DISBANDED TROOP INCOME 14,016. 14,016. INSURANCE & OTHER 900099 12,225. 12,225. d All other revenue ..... 26,241. e Total. Add lines 11a-11d .....

84,126.

12,697,362.

Total revenue. See instructions

7,177,268.

Form 990 (2020) GIRL SCOUTS O
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	224 (12	224 (12		
	individuals. See Part IV, line 22	234,612.	234,612.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	trustees, and key employees	1,293,222.	872,842.	166,205.	254,175
6	Compensation not included above to disqualified	2/250/2220	0/2/0221	200/2001	202/2/0
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,679,574.	5,021,806.	385,197.	272,571
8	Pension plan accruals and contributions (include	-7	7,522,555		
	section 401(k) and 403(b) employer contributions)	39,522.	33,599.	2,862.	3,061
9	Other employee benefits	664,205.	566,304.	56,296.	41,605
10	Payroll taxes	544,885.	462,364.	42,632.	39,889
11	Fees for services (nonemployees):				•
а					
		34,932.	17,466.	17,466.	
С		46,500.		46,500.	
d					
е	Professional fundraising services. See Part IV, line 17	1,260.			1,260
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	221,033.	168,905.	45,372.	6,756
12	Advertising and promotion	238,217.	221,766.	4,068.	12,383
13	Office expenses	357,042.	213,089.	140,571.	3,382
14	Information technology	464,274.	431,543.	22,161.	10,570
15	Royalties				
16	Occupancy	670,040.	664,056.		5,984
17	Travel	163,801.	145,710.	12,103.	5,988
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 000		1 000	
19	Conferences, conventions, and meetings	1,800.		1,800.	
20	Interest	24,819.		24,819.	
21	Payments to affiliates	(00 000	E0E 840	20.000	10 100
22	Depreciation, depletion, and amortization	629,775.	585,749.	30,829.	13,197
23	Insurance	304,477.	241,148.	59,232.	4,097
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)				
а	amount, list line 24e expenses on Schedule 0.) PROGRAM SUPPLIES	630,212.	611,738.	11,958.	6,516
b	COOKIE PROG RECOGNITION	312,321.	312,321.		0,010
c	FOOD	100,364.	97,584.	1,446.	1,334
d	MISCELLANEOUS EXPENSES	55,958.	22,401.	1,483.	32,074
		9,365.	7,509.		1,856
25	Total functional expenses. Add lines 1 through 24e	12,722,210.	10,932,512.	1,073,000.	716,698
26	Joint costs. Complete this line only if the organization		,,	_,_,_,	, , , ,
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	*			
	Check here X if following SOP 98-2 (ASC 958-720)				

Par	ιλ	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X	POWER AND ADDRESS OF THE PARTY		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,392,125.	1	1,489,057.
	2	Savings and temporary cash investments	3,347,064.	2	4,907,650.
	3	Pledges and grants receivable, net	750,571.	3	484,269.
	4	Accounts receivable, net	304,917.	4	332,486.
	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	
ß	7	Notes and loans receivable, net	9,340,550.	7	9,340,550.
Assets	8	Inventories for sale or use	351,506.	8	336,052.
¥	9	Prepaid expenses and deferred charges	264,459.	9	486,041.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 19,809,461.			
	b	Less: accumulated depreciation 10b 12,720,135.	6,976,001.	10c	7,089,326.
	11	Investments - publicly traded securities	21,545.	11	26,155.
- 1	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	1,534,281.	15	608,405.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	25,283,019.	16	25,099,991.
	17	Accounts payable and accrued expenses	1,516,139.	17	1,077,302.
	18	Grants payable		18	
	19	Deferred revenue	22,949.	19	53,403.
	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%			
abi		controlled entity or family member of any of these persons		22	
<u>ا</u> د	23	Secured mortgages and notes payable to unrelated third parties	1,474,800.	23	1,448,380.
	24	Unsecured notes and loans payable to unrelated third parties	582,266.	24	866,049
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	60,139.	25	55,222.
	26	Total liabilities. Add lines 17 through 25	3,656,293.	26	3,500,356.
		Organizations that follow FASB ASC 958, check here			
Ses		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	20,373,569.	27	20,393,288.
Ba	28	Net assets with donor restrictions	1,253,157.	28	1,206,347.
Pun		Organizations that do not follow FASB ASC 958, check here			
F		and complete lines 29 through 33,			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ţ∤	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ne	32	Total net assets or fund balances	21,626,726.	32	21,599,635.
	33	Total liabilities and net assets/fund balances	25,283,019.	33	25,099,991.

#### **SCHEDULE A**

(Form 990 or 990-EZ)

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

2020

Open to Public Inspection

Name	of the organization						Employer	identification number
		SCOUTS OF	NORTHEAST T	EXAS			7	5-1101571
Part	t I Reason for Public	Charity Status.	(All organizations must o	omplete ti	nis part.) S	ee instruction	ıs.	
The or	rganization is not a private found	dation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1	A church, convention of ch	nurches, or associatio	on of churches described	in section	n 170(b)(1	I)(A)(i).		
2	A school described in sec	tion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3	A hospital or a cooperative	hospital service orga	anization described in s	ection 170	)(b)(1)(A)(ii	ii).		
4	A medical research organiz	zation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated f		llege or university owned	d or operat	ed by a go	vernmental u	nit describ	ed in
۰ ۲	section 170(b)(1)(A)(iv). (							
6 L	A federal, state, or local go X An organization that norma							
7 L	X An organization that normal section 170(b)(1)(A)(vi). (0		ntial part of its support i	rom a gove	ernmentai	unit or from th	ne generai į	oublic described in
8	A community trust describ		(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research or				ed in coniu	ınction with a	land-grant	college
_	or university or a non-land-							
	university:	J J J J	,		, , , , , , , , , , , , , , , , , , , ,			
10	An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membersh	ip fees, an	d gross receipts from
	activities related to its exer	mpt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
	income and unrelated busi	iness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	after June 30, 1975.
	See section 509(a)(2). (Co	omplete Part III.)						
11	An organization organized	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).		
12	An organization organized	and operated exclusi	ively for the benefit of, to	perform t	he function	ns of, or to ca	rry out the	purposes of one or
	more publicly supported or	rganizations describe	d in section 509(a)(1)	r section	509(a)(2).	See section	509(a)(3). (	Check the box in
	lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and	12g.	
а	Type I. A supporting org	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), t	ypically by	giving
	the supported organizati	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	pporting
	organization. You must	complete Part IV, Se	ections A and B.					
b	Type II. A supporting org	ganization supervised	or controlled in connec	tion with it	s supporte	ed organizatio	n(s), by hav	ving
	control or management of	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	oorted
	organization(s). You mus	st complete Part IV,	Sections A and C.					
С	Type III functionally into	egrated. A supporting	g organization operated	in connec	tion with, a	and functional	lly integrate	ed with,
	its supported organization	on(s) (see instructions)	). You must complete l	Part IV, Se	ections A,	D, and E.		
d	Type III non-functionall	y integrated. A supp	orting organization oper	ated in co	nnection w	vith its suppor	ted organiz	zation(s)
	that is not functionally in	tegrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	l an attentiv	/eness
	requirement (see instruction	tions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е	Check this box if the org	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
	functionally integrated, o	or Type III non-function	nally integrated supporti	ng organiz	ation.			
	Enter the number of supported							
g	Provide the following informatio			I (iv) Is the oro	anization listed			
	<ul><li>(i) Name of supported organization</li></ul>	(ii) EIN	(iii) Type of organization (described on lines 1-10		anization listed ing document?	(v) Amount of support (see in	f	(vi) Amount of other support (see instructions)
	organization		above (see instructions))	Yes	No	Support (Scott	istractions	support (see matruotiona)
							(*)	
			_					
Total								

# Schedule A (Form 990 or 990-EZ) 2020 GIRL SCOUTS OF NORTHEAST TEXAS 75-1101 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		an Arramanna da marena	Annagan on stational as bond			
	include any "unusual grants.")	4171365.	4170869.	6014240.	3264570.	5435968.	23057012.
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						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4171365.	4170869.	6014240.	3264570.	5435968.	23057012.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4084613.
6	Public support, Subtract line 5 from line 4.						18972399.
	ction B. Total Support						•
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	4171365.	4170869.	6014240.	3264570.		23057012.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	197,300.	227,802.	247,753.	235,870.	237,821.	1146546.
9	Net income from unrelated business		-		·		
	activities, whether or not the						
	business is regularly carried on		1				
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	19,215.	54,025.	165,610.	42,346.	12.225.	293,421.
11	Total support. Add lines 7 through 10						24496979.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 78	,222,453.
	First 5 years. If the Form 990 is for the	7 N	,				//
	organization, check this box and stor	= 200 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0		The state of the s			
Sec	ction C. Computation of Publi		centage			***************************************	
	Public support percentage for 2020 (I			column (f))		14	77.45 %
	Public support percentage from 2019					15	78.32 %
	33 1/3% support test - 2020. If the o						
,	stop here. The organization qualifies						EL CONTROL CON
h	33 1/3% support test - 2019. If the						
~	and stop here. The organization qual	•					
170	10% -facts-and-circumstances test						
114	and if the organization meets the fact	Section of the sectio					25.722 E-0.3429-5120-51
	meets the facts-and-circumstances te						<b>.</b>
h	10% -facts-and-circumstances test					7a and line 15 is	
L		1 3 3 3 3 4 5 4 5 4 5 5 5 5 5 5 5 5 5 5 5					10/0 01
	more, and if the organization meets the organization meets the facts-and-circu						<b>▶</b> □
10	Private foundation. If the organization						
18	rrivate roundation. If the organization	in did not check a l	DOX OIT HITE TO, TO	a, 100, 178, 01 170			or 990-EZ) 2020
					Scrie	dule willouin aar	01 000-EZ ZUZU

032022 01-25-21

# Schedule A (Form 990 or 990-EZ) 2020 GIRL SCOUTS OF NORTHEAST TEXAS 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 qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and		` '	. ,	, ,		
	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						
٠	are not an unrelated trade or bus-						
	iness under section 513						
4					-		
4	ization's benefit and either paid to						
	an arranged on its balant						
_					-	-	
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the				1		
	amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			r			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6				1		
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			- 1			
b	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 in line 10b, whether or not the business is					1	
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publ						
15	Public support percentage for 2020 (	line 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	020 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2020. If the						
0.00000000	more than 33 1/3%, check this box as						<b>.</b> .
h	33 1/3% support tests - 2019. If the						
-	line 18 is not more than 33 1/3%, che						100 200 m 1
20	Private foundation. If the organization						
	23 01-25-21			1		edule A (Form 990	

Yes No

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 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.
- 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?
- 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.
- 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 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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		
2		
За		
3b		200
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6	No. of the last	
7		
8		
9a		
9b		
9c		
10-		
10a		
10b		
n 990 or 99	0-EZ)	2020

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	rt IV Supporting Organizations (continued)	10137	1 F	age 5
	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		res	IVO
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
u	11c below, the governing body of a supported organization?	11a	220220	-
h	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110	3000	W. W.
Ü	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	1 110		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		165	140
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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		1000000
2	Did the organization operate for the benefit of any supported organization other than the supported			1.
-	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		-
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		103	No
-	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	<del></del>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	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	manusching.	3000
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			53
	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		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	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			
	supported organizations played in this regard.	3	-	
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	i).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	estruction	ns)	
2	Activities Test. Answer lines 2a and 2b below.	ion donor	Yes	No
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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	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			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			•
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	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	*	
	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		d Type III supporting orga	nization (see
	instructions)	,	, p= ==pp=:g orga	

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509			5550	-11015/1 Pag
Section D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish ex	cempt purposes		1	
2 Amounts paid to perform activity that directly furthers exen	npt purposes of supported			
organizations, in excess of income from activity	- A4 10 24 6005		2	
3 Administrative expenses paid to accomplish exempt purpo	ses of supported organizations	<b>i</b>	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval required - prior	provide 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 organization is responsive			
(provide details in Part VI). See instructions.	386		8	
9 Distributable amount for 2020 from Section C, line 6			9	
10 Line 8 amount divided by line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2020 (reason-				
able cause required - explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2020				
a From 2015				
b From 2016				
c From 2017				
d From 2018				
e From 2019				
f Total of lines 3a through 3e				
g Applied to underdistributions of prior years				
h Applied to 2020 distributable amount				
i Carryover from 2015 not applied (see instructions)				
j Remainder, Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2020 from Section D,				
line 7: \$				
a Applied to underdistributions of prior years				
b Applied to 2020 distributable amount				
c Remainder. Subtract lines 4a and 4b from line 4.				
5 Remaining underdistributions for years prior to 2020, if			-	
any. Subtract lines 3g and 4a from line 2. For result greater				
than zero, explain in Part VI. See instructions.			8	
6 Remaining underdistributions for 2020. Subtract lines 3h				
and 4b from line 1. For result greater than zero, explain in				
Part VI. See instructions.				
7 Excess distributions carryover to 2021. Add lines 3j				
and 4c.				
8 Breakdown of line 7:				
a Excess from 2016				
b Excess from 2017				
c Excess from 2018				
d. F				

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019e Excess from 2020

#### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-FZ, or Form 990-PF

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

GIRL SCOUTS OF NORTHEAST TEXAS 75-1101571 Organization type (check one): Section: Filers of: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990·EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF. Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

I HA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

#### GIRL SCOUTS OF NORTHEAST TEXAS

75-1101571

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$276,839.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$326,906.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4		\$175,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6_		\$314,467.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)		

Name of organization

Employer identification number

#### GIRL SCOUTS OF NORTHEAST TEXAS

75-1101571

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$114,020.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>1,486,720.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Name of organization

Employer identification number

#### GIRL SCOUTS OF NORTHEAST TEXAS

75-1101571

art II	Noncash Property (see instructions). Use duplicate copies of Part I	II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

Name of or	ganization			Employer identification number	er
GTRI, S	SCOUTS OF NORTHEAST TEXA	A.S.		75-1101571	
Part III		ons to organizations described in s through (e) and the following line en charitable, etc., contributions of \$1,000 or	try For organ	(7), (8), or (10) that total more than \$1,000 for the ye	ar
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
					_
					_
		(e) Transfer of gi			
F	Transferee's name, address, ar	nd ZIP + 4	Rela	ionship of transferor to transferee	_
					_
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
			-		_
-		(e) Transfer of gi	-		_
	Transferee's name, address, ai			ionship of transferor to transferee	
					_
(a) Na					_
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
			_   -		_
-		(a) Tuansfey of a			_
	Transferee's name, address, a	(e) Transfer of gi		ionship of transferor to transferee	
			Holu	ionship of transferor to transferor	
					_
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
			_ =		_
-		(e) Transfer of gi	-   -		_
	Transferee's name, address, a			tionship of transferor to transferee	
					_
	<del></del>				_

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **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

Employer identification number 75-1101571

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.		,	
		(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	writing that the assets held in donor advise	ed funds		
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No	
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor o	or donor advisor, or for any other purpose of	conferring		
	impermissible private benefit?			Yes No	
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, lin	e 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	a historic	ally important land area	
	Protection of natural habitat	Preservation of	a certified	d historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	of a conse	ervation easement on the last	
	day of the tax year.			Held at the End of the Tax Year	
а	Total number of conservation easements		2	2a	
b	Total acreage restricted by conservation easements		2	2b	
С	Number of conservation easements on a certified historic stru			2c	
d					
	listed in the National Register		2	2d	
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	organizat	ion during the tax	
	year -				
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation e	easements during the year	
	<b></b>				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easen	nents during the year	
	<b>&gt;</b> \$				
8	Does each conservation easement reported on line 2(d) above				
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation	00% MAY 100M2 10 MAX NO MAY 100M 18 M201			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that c	lescribes the	
Do	organization's accounting for conservation easements. rt III   Organizations Maintaining Collections of	f Art Historical Transuras or Ot	har Cim	ilar Apasta	
Га			iler Siii	mar Assets.	
	Complete if the organization answered "Yes" on Form				
та	If the organization elected, as permitted under FASB ASC 95	and the second s			
	of art, historical treasures, or other similar assets held for put	25 miles		of public	
h	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of				
D					
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of	public service,	
	provide the following amounts relating to these items:		1	<b>4</b>	
	(i) Revenue included on Form 990, Part VIII, line 1		! 1	<b>\$</b>	
0		agusas or other similar agests for financial		\$	
2	If the organization received or held works of art, historical tre		gain, pro	vide	
	the following amounts required to be reported under FASB A		1	\$	
a h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			> \$ > \$	
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2020	

032051 12-01-20

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 GIRL SCOUTS	OF NORTHEAST	TEXAS 75-	-1101571 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" on			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)		15	
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	- Form 000 Dort IV line	11a Saa Farm 000 Part V lina 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
	(b) Book value	(c) Moniou of Valuation. Cost of one	or your 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.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			0
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X, col. (B) line	15\	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			FF 000
(2) CUSTODIAL FUNDS			55,222
4-1			

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	CUSTODIAL FUNDS	55,222.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)	•	
(9)		
Total.	(Column (b) must equal Form 990. Part X, col. (B) line 25.)	<b>&gt;</b> 55,222.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2020

Contodato D (1 chill coof Ecco			
Part XI Reconciliation of Revenue per Audited Financial Stateme		turn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.		
		1	14,933,732.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1 4 644		
a Net unrealized gains (losses) on investments			
b Donated services and use of facilities			
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)	2d 1,668,132.		2 505 710
e Add lines 2a through 2d		2e	2,585,719.
3 Subtract line 2e from line 1		3	12,348,013.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)			349,349.
c Add lines 4a and 4b		4c	12,697,362.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)  Part XII Reconciliation of Expenses per Audited Financial Statem	ents With Eynenses ner I	5 Retur	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		lotai	
		1	14,960,821.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			14,000,021.
5	2a   912,976.		
b Prior year adjustments c Other losses			
c Other losses d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	2,587,960.
3 Subtract line 2e from line 1		3	12,372,861.
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.)			
		4c	349,349.
c Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	12,722,210.
Part XIII Supplemental Information.		1 0	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV. lines 1b and 2b: Part V. line	4: Part	X. line 2: Part XI.
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add		7, 1 arc.	Λ, πιο Σ, Γ αιτ Λι,
miles 2d and 15, and 1 distring miles 2d and 1517 here complete and part to provide any date			
PART X, LINE 2:			
THE ORGANIZATION IS EXEMPT FROM FEDERAL INCO	ME TAXES UNDER SE	CTI	ON
501(C)(3) OF THE INTERNAL REVENUE CODE, EXCE	PT TO THE EXTENT	THA	T IT HAS
UNRELATED BUSINESS INCOME. THROUGH SEPTEMBER	30, 2021, THE OF	RGAN	IZATION
1			
HAD NO MATERIAL NET UNRELATED BUSINESS INCOM	E. ACCORDINGLY, N	10 P	ROVISION
FOR INCOME TAX HAS BEEN PROVIDED IN THE ACCO	MPANYING CONSOLII	DATE	D
FINANCIAL STATEMENTS. THE ORGANIZATION IS NO	T CLASSIFIED AS A	PR	IVATE
FOUNDATION.			
THE TYPE OOOC MAN DENTANCES ACCOMMENTED CONTINUES	3DD4 D43DD DEFE	100	OUTDANCE.
IN JUNE 2006, THE FINANCIAL ACCOUNTING STAND	AKUS BOARD RELEAS	SED.	GULDANCE
ON THE ACCOUNTING TREATMENT FOR UNCERTAINTY	IN INCOME TAXES (	ACC	OUNTING
GMANDADDG GODTHTGAMTON DAG 40 OF Hyprosperation	V TN TNOONE #2***	7 II \	mu T G
STANDARDS CODIFICATION 740-10-25 "UNCERTAINT	Y IN INCOME TAXES	) .	THIS

Schedule D (Form 990) 2020

032054 12-01-20

BASED UPON THE TECHNICAL MERITS OF THE POSITION.

GUIDANCE STATES THAT AN ENTITY WILL BE REQUIRED TO UTILIZE DIFFERENT 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,

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, 2021, THE ORGANIZATION HAS NOT RECORDED AN INCOME TAX LIABILITY FOR UNCERTAIN TAX BENEFITS. AS OF SEPTEMBER 30, 2021, THE ORGANIZATION'S TAX YEARS 2018 AND THEREAFTER REMAIN SUBJECT TO EXAMINATION.

IN DECEMBER 2021, THE INTERNAL REVENUE SERVICE ADVISED THAT THE ORGANIZATION'S GSNETX STEM CENTER OF EXCELLENCE FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 IS UNDER AUDIT. THE ORGANIZATION HAS RESPONDED TO INFORMATION REQUESTS TO DATE AND DOES NOT ANTICIPATE ANY IMPACTS ON ITS FINANCIAL POSITION AS A RESULT OF THIS EXAMINATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 70,611. 1,488,422. SERVICE UNIT AND TROOP PROGRAM ALLOCATION SPECIAL EVENT EXPENSES 109,099. TOTAL TO SCHEDULE D, PART XI, LINE 2D 1,668,132.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 GIRL SCOUTS OF NORTHEAST TEXAS  Part XIII   Supplemental Information (continued)	75-1101571 Page 5
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
STEM COE ALLOCATION	202,785.
GRANT TO STEM COE	146,564.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	349,349.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	70,611.
SERVICE UNIT AND TROOP PROGRAM ALLOCATION	1,488,422.
SPECIAL EVENT EXPENSES	109,099.
UNREALIZED LOSS ON INTEREST RATE SWAP	6,852.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,674,984.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
STEM COE ALLOCATION	202,785.
GRANT TO STEM COE	146,564.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	349,349.
PART X, LINE 2 UPDATE	
ON MAY 13, 2022, THE IRS ISSUED A NOTICE CONFIRMING THE E	XAMINATION FOR
GSNETX STEM CENTER OF EXCELLENCE WAS CLOSED WITH NO CHANGE	ES.
	·

#### SCHEDULE G

(Form 990 or 990-EZ)

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization	OUTS OF NORTHEAST	nev7	ď			Employer idea 75-1101	ntification number				
	Complete if the organization answe			Form 990, Part IV, li	ine 1						
1 Indicate whether the organization rais a	ed funds through any of the followin  e Solicitat  f Solicitat  g Special  or oral agreement with any individual  art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-governising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		have custody or control of		or control of		(iv) Gross receipts from activity	(v) Amount paid to (or retained by fundraiser listed in col. (i)	fundraiser	(vi) Amount paid to (or retained by) organization
		Yes	No								
Total  3 List all states in which the organizatio		contrib	utions	or has been notified	it is	exempt from re	gistration				
or licensing.											

032081 11-25-20

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

Schedule G (Form 990 or 990-EZ) 2020

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990·EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE WOMEN OF (add col. (a) through DISTINCTION col. (c)) (event type) (total number) (event type) 572,305. 572,305. 1 Gross receipts ..... 550,805. 550,805. 2 Less: Contributions 21,500. 21,500. 3 Gross income (line 1 minus line 2) ..... 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 1,501. Direct 1,501. 7 Food and beverages 8 Entertainment ..... 107,598. 107,598. 9 Other direct expenses \_\_\_\_\_ 109,099. 10 Direct expense summary. Add lines 4 through 9 in column (d) -87,599.11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: \_ Schedule G (Form 990 or 990-EZ) 2020 032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 GIRL SCOUTS OF NORTHEAST TEXAS	75-1	101571	Page 3
11 Does the organization conduct gaming activities with nonmembers?		Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
to administer charitable gaming?		Yes	No
13 Indicate the percentage of gaming activity conducted in:	ı	- 1	
a The organization's facility		13a	<u>%</u>
b An outside facility		13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds:		
Name			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the an	nount		
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party:			
Name			
Address >			
16 Gaming manager information:			
Name			
Gaming manager compensation > \$			
Description of services provided			
Description of services provided -			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		10-10-10	
retain the state gaming license?		Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	t in the		
organization's own exempt activities during the tax year > \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	v); and Part	III, lines 9,	9b, 10b,
			•
	-		

032083 11-25-20

Schedule G (Form 990 or 990-EZ) GIRL SCOUTS OF NORTHEAST TEXAS	75-1101571 Page 4
Schedule G (Form 990 or 990-EZ) GIRL SCOUTS OF NORTHEAST TEXAS  Part IV   Supplemental Information (continued)	
1	
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1	
T	<del>_</del>

## SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

OMB No. 1545-0047	2020	Open to Public
OMB	2	Ope

Employer identification number Schedule I (Form 990) 2020 75-1101571 Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ▶ Go to www.irs.gov/Form990 for the latest information. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table GIRL SCOUTS OF NORTHEAST TEXAS (c) IRC section (if applicable) 3 Enter total number of other organizations listed in the line i table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service PartI Part II

75-1101571

Schedule I (Form 990) 2020 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.

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. K CAMPERSHIPS ARE AWARDED BASED ON ACTIVITIES SCHOLARSHIPS ARE AWARDED THROUGH A VOLUNTEER COMMITTEE SELECTION (d) Amount of non-cash assistance 0 0 ACADEMIC RECORD, 700. 185,912. (c) Amount of cash grant 48 (b) Number of recipients 5358 79 PROCESS BASED ON CRITERIA INCLUDING GPA, DUES ASSISTANCE AND FINANCIAL NEED APPLICATION PROCESS. (a) Type of grant or assistance DUES ASSISTANCE AND CAMPERSHIPS AND LEADERSHIP. FORM 990, PART SCHOLARSHIPS

### **SCHEDULE J** (Form 990)

### **Compensation Information**

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

Compensated Employees

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

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

**Questions Regarding Compensation** 

Department of the Treasury

Internal Revenue Service

Part I

GIRL SCOUTS OF NORTHEAST TEXAS

75-1101571

Employer identification number

			Yes	No
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		
2	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?	2		
			100	
3	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			
4	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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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.			
5	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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	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?	6a		X
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	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	7		X
8	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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

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

GIRL SCOUTS OF NORTHEAST TEXAS

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

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.

		(B) Breakdown of \	W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(j)(a)	in column (B) reported as deferred on prior Form 990
(1) JENNIFER BARTKOWSKI	Θ	254,177.	55,000.	26,000.	19,376.	14,295.	368,848.	0
CEO	<b>E</b>	0	0	0	.1		0	0
(2) DEBRA ROLING	Ξ	155,934.	17,397.	8,279.	11,100.	953.	193,663.	0
CFAO	€	0	0	0	0	• 0	0.	• 0
(3) ASHLEY CROWE	Ξ	125,875.	14,792.	9,163.	9,368.	8,226.	167,424.	• 0
CHIEF PROGRAM OFFICER	€	0	0	0	0	• 0	0.	• 0
(4) AMANDA DUQUETTE	Ξ	120,259.	14,241.	4,400.	8,963.	13,240.	161,103.	0.
CHIEF MARKETING OFFICER	€	0	0	0	• 0	0		0
(5) ERIN FISCHER	Ξ	120,480.	14,390.	8,897.	0	14,042.	157,809.	• 0
VP FUND DEVELOPMENT	<b>E</b>	0	0	0	0	0	0.	• 0
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Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 Schedule J (Form 990) 2020 GIRL SCOUTS OF NORTHEAST TEXAS

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the organization GIRL SCOUTS OF NORTHEAST TEXAS Employer identification number 75-1101571

Par	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of detern noncash contribution		s
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (EQUIPMENT/SUP)	X	15	95,686.			
26	Other ( LIVESTOCK )	X	5	3,500.	FMV		
27	Other						
28	Other ()						
29	Number of Forms 8283 received by the organiz	ation during	the tax year for c	ontributions			
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29			
						Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date					9 750	
	exempt purposes for the entire holding period?				30	а	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	8	356		tions? 3	ı X	<u> </u>
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash			
	contributions?				32	а	X
	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) for	r a type of property	for which column (a) is chec	cked,		
	describe in Part II.				8.00		10000

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

Schedule M (Form 990) 2020

Schedule M	l (Form 990) 2020	GIRL	SCOUTS	OF	NORTHEAST	TEXAS			75 - 110	1571	Page 2
Part II	Supplementa is reporting in Par this part for any a	I Informa rt I, column additional in	a <b>tion.</b> Provi (b), the numb formation.	de the i	information requir ontributions, the r	ed by Part I, number of ite	lines 30b, 32l ms received,	o, and 33, a or a combi	and whether nation of both	the organiza	ation plete
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032142 11-23-20

Schedule M (Form 990) 2020

### **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CIRL SCOURS OF MORTHEAST TEXAS

Employer identification number 75-1101571

GIAL SCOOLS OF MONTHEAST LEARS 73-1101371
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PLACE.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OUTREACH PROGRAMMING IS A CUSTOMIZED PROGRAM DELIVERED IN COLLABORATION
WITH COMMUNITY ORGANIZATIONS AND SCHOOLS TO REACH AT-RISK GIRLS AGES
FIVE THROUGH SEVENTEEN. THE PROGRAM IS DESIGNED TO TEACH THE GIRLS
LIFE SKILLS THAT WILL POSITIVELY IMPACT THEIR FUTURE. THE ACTIVITIES
FOCUS ON THE IMPORTANCE OF STAYING IN SCHOOL, AVOIDING HARMFUL
BEHAVIORS, LEARNING SKILLS AND BUILDING SELF-ESTEEM. NUMBER OF GIRLS
SERVED: 4,287
EXPENSES \$ 1,113,783. INCLUDING GRANTS OF \$ 33,341. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS MEMBERS WITH THE AUTHORITY TO ELECT DELEGATES WHOSE
RESPONSIBILITY IT IS TO APPROVE THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 7A:
DELEGATES ARE SELECTED BY THE MEMBERSHIP TO ELECT THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF FORM 990 IS PROVIDED TO THE FINANCE AND AUDIT COMMITTEES AND THE
BOARD OF DIRECTORS FOR REVIEW BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD OF DIRECTORS COMPLETE AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Employer identification number Name of the organization GIRL SCOUTS OF NORTHEAST TEXAS 75-1101571 EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONFLICTS THROUGH EMPLOYEE POLICIES/PROCEDURES AND ANNUAL QUESTIONNAIRE. FORM 990, PART VI, SECTION B, LINE 15: THE GIRL SCOUTS OF NORTHEAST TEXAS COMPENSATION COMMITTEE REVIEWS AND APPROVES CEO COMPENSATION. COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS ADMINISTERED IN ACCORDANCE WITH APPROVED COMPENSATION POLICIES AND SALARY MATRICES DEVELOPED IN ACCORDANCE WITH GSUSA USING NON-PROFIT SALARY SURVEYS, FORM 990 INFORMATION FROM OTHER ORGANIZATIONS AND NORTHEAST TEXAS SALARY SURVEYS FOR SIMILAR POSITIONS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S FORM 990 AND OTHER FINANCIAL INFORMATION IS POSTED ON ITS WEBSITE. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: UNREALIZED GAIN ON INTEREST RATE SWAP -6,852. ROUNDING ADJUSTMENT -2. TOTAL TO FORM 990, PART XI, LINE 9 -6,854. FORM 990, PART XII, LINE 2C THE AUDIT COMMITTEE OVERSEES THE AUDIT, REVIEWS FINANCIALS AND SELECTS THE INDEPENDENT ACCCOUNTANT.

FORM 990, PART IV, QUESTION 12

# SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

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

2020

OMB No. 1545-0047

▶ Attach to Form 990.

Open to Public Inspection

Employer identification number 75-1101571▶ Go to www.irs.gov/Form990 for instructions and the latest information. GIRL SCOUTS OF NORTHEAST TEXAS

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

(d) (e) (f)  Total income End-of-year assets Direct controlling 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
(c) Legal domicile (state or Total foreign country)			red "Yes" on Form 990, Part IV, line
(b) Primary activity			ns. Complete if the organization answer
(a) Name, address, and EIN (if applicable) of disregarded entity			Identification of Related Tax-Exempt Organization

organizations during the tax year.

(a)	(q)	(0)	(q)	(e)	( <del>L</del> )	(g)	743
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	(2) F
of related organization	8	foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	No
GIRL SCOUTS OF NORTHEAST TEXAS ENDOWMENT							
FOUNDATION, INC - 75-1552721, 6001	SUPPORT FOR THE GIRL				GIRL SCOUTS OF		
SUMMERSIDE DR, DALLAS, TX 75252	SCOUTS OF NORTHEAST TEXAS	TEXAS	501(C)(3)	LINE 12A, I	NORTHEAST TEXAS	×	
GSNETX STEM CENTER OF EXCELLENCE -							
81-1809536, 6001 SUMMERSIDE DR, DALLAS, TX	SUPPORT FOR THE GIRL				GIRL SCOUTS OF		
75252	SCOUTS OF NORTHEAST TEXAS	TEXAS	501(C)(3)	LINE 12A, I	NORTHEAST TEXAS	×	

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

Schedule R (Form 990) 2020

75-1101571

Page 2

GIRL SCOUTS OF NORTHEAST TEXAS

Schedule R (Form 990) 2020

Part III 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.

(a)	(Q)	<u>ပ</u>	(g)	(e)	(£)	(B)	<u>ਦ</u>	Ξ	9	( <del>K</del>
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule	General o managing partner?	General or Percentage managing ownership
		country)		sections 512-514)		00000	Yes No	K-1 (Form 1065)	Yes No	
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ganizations Taxable as rporation or trust during	s a Corpo	ration or Trust. Co ear.	mplete if the organizatio	on answered "Yes	" on Form 990, Pa	art IV, line 34	, because it had o	ne or m	ore related

(E)	Section 512(b)(13) controlled entity?	Yes No								
(H)	Percentage ownership									
(a)	Share of end-of-year	dosells								
( <del>1</del> )	Share of total income									
(e)	Type of entity (C corp, S corp,	(ienii)								
(p)	Direct controlling Type of entity (C corp, S corp,									
(0)	icile	country)								
(q)	activity	And the second s								
(a)	Name, address, and EIN of related organization									

Schedule R (Form 990) 2020

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

<b>Note:</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	lated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	4			19		×
b Giff, grant, or capital contribution to related organization(s)				1b	×	
c Gift, grant, or capital contribution from related organization(s)				10	×	
				19	×	
				1e		×
f Dividends from related organization(s)				#		×
g Sale of assets to related organization(s)				19		×
Purchase of assets from related organization(s)				1h		×
				1i		×
_				1j		×
					:	
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	T	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			두	×	
o Sharing of paid employees with related organization(s)				٩	×	
						Þ
p Reimbursement paid to related organization(s) for expenses				10	;	4
q Reimbursement paid by related organization(s) for expenses				19	4	
				÷		×
				┋,	T	1
				Js		4
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	who must complete th	is line, including covered r	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	pevio		
(1) GSNETX STEM CENTER OF EXCELLENCE	В	146,564.	CASH			
(2) GIRL SCOUTS OF NORTHEAST TEXAS ENDOWMENT	υ	326,906.	906. CASH			-
(3) GSNETX STEM CENTER OF EXCELLENCE	Д	602,130.CASH	CASH			
(4) GSNETX STEM CENTER OF EXCELLENCE	м	202,785.	CASH			
(5)						
19) 032163 10-28-20			Schedule R (Form 990) 2020	(Form	(066	2020

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 nership					0) 2020
	(j) Seneral or Per- nanaging ow partner?					(Form 99
	Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? Ownership (Form 1065) Yes No					Schedule R (Form 990) 2020
	Disproportionate allocations?					
	(g) Share of end-of-year assets					
	(f) Share of total income					
	(e) Are all partners sec. 501(c)(3) 0053.7 Yes No					
stment partnerships.	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)					
sion for certain inves	(c) Legal domicile (state or foreign country)					
ructions regarding exclus	(b) Primary activity					
that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a) Name, address, and EIN of entity					

chedule R (Form 990) 2020 GIRL SCOUTS OF NORTHEAST TEXAS	75-1101571	Page
Part VII   Supplemental Information		
Provide additional information for responses to questions on Schedule R. See instructions.		
	1	
<u>.</u>		