Colleged Cargoy - Resident in your files: EXTENDED TO AUGUST 15, 2023

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2021 calendar year, or tax year beginning OCT 1, 2021 and ending SEP 30, 2022 C Name of organization D Employer Identification number B Check if applicable: GIRL SCOUTS OF NORTHEAST TEXAS X Address ENDOWMENT FOUNDATION, INC. **-***2721 Nama change Doing business as initial return Number and street (or P.O. box If mail is not delivered to street address) Room/sulte E Telephone number 6001 SUMMERSIDE DR 972-349-2400 101 City or town, state or province, country, and ZIP or foreign postal code 438,552. G Gross receipts \$ Amende DALLAS, TX 75252-5334 H(a) is this a group return Applica-F Name and address of principal officer: JENNIFER BARTKOWSKI for subordinates? ____ Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) (527 If "No," attach a list. See Instructions) ◀ (Insert no.) 4947(a)(1) or [J Website: WWW.GSNETX.ORG H(c) Group exemption number Form of organization: X Corporation Trust Association Other > L Year of formation: 1976 M State of legal domicile: TX Part I Summary Briefly describe the organization's mission or most significant activities: DISTRIBUTION OF EARNINGS TO THE Governance GIRL SCOUTS OF NORTHEAST TEXAS TO PROVIDE YOUTH SERVICES AND Check this box ___ if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 Number of voting members of the governing body (Part Vi, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of Individuals employed in calendar year 2021 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 10 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 0. Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 546. 0. 9 Program service revenue (Part VIII, line 2g) 0. 0. 204,582. 171,413. 10 Investment Income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 205,128 171,413. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 326,906. 229,482. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), Ilne 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) ______ 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 24,701. 6,625. 351,607. 236,107. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -146,479-64,694. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 2,061,943. 2,711,633. 20 Total assets (Part X, line 16) 6,275. 6,625. 21 Total liabilities (Part X, line 26) 055,318. 22 Net assets or fund balances. Subtract line 21 from line 20 705,358. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer O Sign DEBRA ROLING, CFAO Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature self-employed P00654717 SRIRAM SRINIVASAN 05/30/23 Paid

Firm's name WEAVER AND TIDWELL, LLP

Firm's address 2300 N. FIELD ST., STE.

DALLAS, TX 75201 May the IRS discuss this return with the preparer shown above? See instructions

Preparer

Use Only

Firm's EIN

Phone no. 972.490.1970

a Michael a Leagury - Excellenting the years Misses GIRL SCOUTS OF NORTHEAST TEXAS

-*2721 ENDOWMENT FOUNDATION, INC. Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: DISTRIBUTION OF EARNINGS TO THE GIRL SCOUTS OF NORTHEAST TEXAS TO PROVIDE YOUTH SERVICES AND PROGRAMS TO YOUTH IN 32 COUNTIES IN NORTHEAST TEXAS. Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 229,482.) (Revenue\$ (Code:) (Expanses \$\frac{229,482.}{482.} \frac{10cluding grants of \$}{1229,482.} \frac{229,482.}{10cluding grants of \$} \frac{229,482.}{1229,482.} \frac{1}{10cluding grants of \$} \frac{1}{1220} \frac{ 229,482. including grants of \$ SERVICES AND PROGRAMS TO 19,102 GIRLS IN 32 COUNTIES IN NORTHEAST TEXAS.) (Revenue \$ ____ including grants of \$) (Expenses \$) (Revenue \$ _ Including grants of \$) (Expenses \$ 4d Other program services (Describe on Schedule O.)) (Ravonue \$ including grants of \$ 229,482. 4e Total program service expenses Form 990 (2021)

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		\Box	Yes	No
	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		,,	
	If "Yes," complete Schedule A	1	Х	
	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		<u> </u>
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			7.7
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	-5		
	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			х
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		-47
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete			22
	Schedule D, Part III	8		х
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		- 41
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		- 11
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,	100	1314	- 4 X
11	as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D,			
a		44.		Х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
D		11b		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	HD		- 41
·	· · · · · · · · · · · · · · · · · · ·	110		х
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		7.
u				х
	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	Х	^
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
f	the organization's slability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		<u> </u>	
124	, , , , , , , , , , , , , , , , , , ,	100	х	
h	Schedule D, Parts XI and XII	12a	 ^ -	
b		401	х	İ
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	- 22	x
	701 H	14a	<u> </u>	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	148		^-
Ŋ	Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	<u> </u>	
10		45		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u>^</u>
10		1.0		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	<u> </u>	
17		17		х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	-	1
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
19	1c and 8a? If "Yes," complete Schedule G, Part II	18		A
10	· · · · · · · · · · · · · · · · · · ·	40		х
20-	complete Schedule G, Part III	19		X
ZVä	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	ļ	
b	Did the organization report more than \$5,000 of grants or other applicance to any democite organization of	1	ł	
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 If "Yes." complete Schedule I. Parts I and II	21	x	

GIRL SCOUTS OF NORTHEAST TEXAS ENDOWMENT FOUNDATION, INC.

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Form	990 (2021) ENDOWMENT FOUNDATION, INC. **-**2	<u> 121</u>	Pa	ige 4
	IV Checklist of Required Schedules (continued)	······································		
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		ı	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
na	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
	Schedule J			
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1 1		
	last day of the year, that was issued after becember 01, 20021 11 195, griswer lines 240 billough 244 the complete	24a	. 1	X
	Schedule K. If *No,* go to line 25a	24b		
d	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an *on behalf of* issuer for bonds outstanding at any time during the year?	24d		L
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
26a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
b	is the organization aware that it engaged in an excess benefit trainsaction with a disqualitied prior \$400.00 900.672 (# *Voc.* complete			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? # *Yes, * complete	25b	l	x
	Schedule L, Part I	200	 	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			Ì
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00	Ì	x
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	┼	 ^ -
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,		1	
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		1	x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	1000	1
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):	A.(1), (4)		1222.1174
8	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	1		
	"Yes," complete Schedule L, Part IV	28a	_	X
ŀ	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 line 28a or 28b? If			Ì
•	*Yes," complete Schedule L, Part IV	280	4	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> X</u>
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			1
30	contributions? If "Yes," complete Schedule M	30		X
^4	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			1
32	Schedule N, Part II	32	. İ	_X_
	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33	.	X
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
34		34	X	
	Part V, line 1			X
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	1000	1	1
	b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	351	ام	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	331	\top	1
36		36		x_
	If "Yes," complete Schedule R, Part V, line 2	100	+	+=
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	05	,	x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		+*
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		3 X	
	Note: All Form 990 filers are required to complete Schedule O	38	1	
P	art V Statements Regarding Other IRS Filings and Tax Compliance			
-	Check If Schedule O contains a response or note to any line in this Part V	******		
	1 1	^	Ye	s No
1	a Enter the number reported in box 3 of Form 1096, Enter -0- if not applicable	의	割累	
	b. Enter the number of Forms W-2G included on line 1a, Enter ·0· If not applicable	의	3 3	
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		1	
	(gambling) winnings to prize winners?	10		
	N V	Fo	_{rm} 99	0 (2021)

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-*2721 Form 990 (2021) ENDOWMENT FOUNDATION, LNC.

[Part V] Statements Regarding Other IRS Filings and Tax Compliance (continued) Page 5

		Ĭ	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	17.53	U.V.	VIII
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b.	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	14.0	27/22	NA:
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
h	If "Yes," enter the name of the foreign country		11.51	1(114)
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		1	
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a		-00		
ou	any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ou		
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c),	333	5(55)	8574
' 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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5		
٠	to file Form 8282?	7c		x
d	If "Yes," Indicate the number of Forms 8282 filed during the year 7d	100	355	
e		7e		х
f		7 1		X
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
y h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	10.00	V. 1	100
٠	and the first of t	8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds,	100	3/33	1978
а	SILD and the second of the sec	9a		
b		9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	35	371397	145.4
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 10b			
11	Section 501(c)(12) organizations. Enter:			
···	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		,
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		1117
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1943		
	Is the organization licensed to Issue qualified health plans in more than one state?	13a	 	
u	Note: See the instructions for additional information the organization must report on Schedule O.	104	100	334
h	Enter the amount of reserves the organization is required to maintain by the states in which the			1353
	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	3.55	100	
14a		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		 -
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1112		
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.	13	2333	
16	Laboration for the first the Months and Late the Manager 1999 and the second formation of the Manager 1999 and the	16		х
	If "Yes," complete Form 4720, Schedule O.	10	3,542	
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
.,	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	10.33	5.00	1994
	11 1001 COMPLETE COMPANIES	·		I

College Colleg

Form 9	990 (2021) ENDOWMENT FOUNDATION, INC.			ge o
Part	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	'No" re	spons	e
,	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			r=v 1
	Check if Schedule O contains a response or note to any line in this Part VI	,,,,,,,,,,		X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a 10			
114	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.			
	Enter the number of voting members included on line 1a, above, who are independent			
a	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	MA		
2		2		X
	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	Did the organization delegate control over management duties customarily performed by a larger than the direct deportation.	3		X
	of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			v
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			47
	persons other than the governing body?	7b	28.22	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1433	40.19	
а		8a	X	<u> </u>
- 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		1	
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	<u> </u>	X
202	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
000	(TOT D. 1 Official (This Section & requests information about points for legislacity, the information by section (Total Control of C		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
Tua	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			Т
ь	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	and branches to ensure their operations are consistent with the organization is exemply purposed.	11a	1	1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	Vis	-	1980
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a		Ί :
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120	125	+
C		10-	x	1
	on Schedule O how this was done	12c	7	
13	Did the organization have a written whistleblower pollcy?	13		+
14	Did the organization have a written document retention and destruction policy?	14	X	1 3330
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?	1 10	1 2	
а	The organization's CEO, Executive Director, or top management official	15a		↓
	Other officers or key employees of the organization	15b	X	4
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
10-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1 444		
lua	taxable entity during the year?	16a		X
1.	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
12	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			리 사용되
	exempt status with respect to such arrangements?	16b	.	
<u> </u>				***************************************
	ction C. Disclosure			
17		lls only	h aval	able
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	.,o oi iiy	, ~ + 411	
	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)	4 #		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, at	iu nna	ncial	
	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, STE 101, DALLAS, TX 75252-5334			O 124
1000	00.12.00.21	For	rm 99	0 (2021)

GIRL SCOUTS OF NORTHEAST TEXAS

ENDOWMENT FOUNDATION, INC. Form 990 (2021) Page 7 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 the instructions for definition of "key employee."

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization ne	or any related o	orga	niza	lion	con	npen	sate	ed any current officer, d	rector, or trustee.		
(A)	(B)	(c)						(D)	(E)	(F)	
Name and title	Average	ldo		Posi) Ihan d	one	Reportable	Reportable	Estimated	
	hours per	box	unle	sa per	son l	tod e	an a	compensation	compensation	amount of	
	week	-	Ceran	a a a	recto	r/trus	les)	from	from related	other	
	(list any	ecto				1		the	organizations	compensation	
	hours for	er di	, e			E		organization	(W-2/1099-MISC/	from the	
	related	Istee	I SE		يو	SE SE		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations below	E E	igu o		ge	8 8		1099-NEC)		and related organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Хеу етріоуве	Highest compensated employee	Бите			organizations	
(1) JENNIFER K. BARTKOWSKI	1.00			-							
CEO	39.00	ļ		X		<u> </u>		0.	320,294.	23,948.	
(2) DEBRA ROLING	1.00	1									
CFAO	39.00			X		<u> </u>		0.	171,858.	5,959.	
(3) LESLEY A. HOLLAND	1.00]				1					
MEMBER AT LARGE		X	<u> </u>			L	L	0.	0.	0.	
(4) DEE BROWN	1.00										
MEMBER AT LARGE	1.00	X	L			<u></u>	<u> </u>	0.	0.	0.	
(5) DONNA GERMAN	1.00										
MEMBER AT LARGE		X						0.	0.	0.	
(6) BROOKE SCHWIDT	1.00										
MEMBER AT LARGE		X						0.	0.	0.	
(7) ALISON HUNSICKER	1.00	Γ	Γ				Γ				
MEMBER AT LARGE		X						0.	0.	0.	
(8) KERRI NIPP	1.00	Π			Г	Π	Γ				
MEMBER AT LARGE		x				l	l	0.	0.	0.	
(9) ALESE DESCOTEAUX	1.00			Г		Π	Γ				
MEMBER AT LARGE		Х					l	0.	0.	0.	
(10) ТАММУ КИЛРР	1.00		[
MEMBER AT LARGE		Х						0.	0.	0.	
(11) JOSEPH HOFFMAN	1.00						Γ				
MEMBER AT LARGE		X						0.	0.	0.	
(12) SHARON BUTLER	1.00				Γ						
VICE CHAIR/SECRETARY		X		X				0.	0.	0.	
(13) JENNIFER ELDER	1.00			Г	Γ	Π					
TREASURER		x		Х				0.	0.	0.	
(14) JENNIFER NORMILE	1.00										
CHAIR		X		X	L			0.	0.	0.	
		I									
Name of the second seco		↓	_	<u> </u>		ـــ	<u> </u>				
		\cdot									
		T	1	 	\vdash	T	 				
		_			L						

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Form 990 (2021)

Form 990 (2021) ENDOWMEN										*2721	Page 8
Part VII Section A. Officers, Directors, Trus (A)	(B)	loye		and (C Posi	2)		t Co	(D)	(E)	1	(F)
Name and title	Average hours per week (list any	box,	not ch unles	seck r ss per	more son l	than o s both r/trus	an	Reportable compensation from	Reportable compensation from related	n amo	mated ount of other
	hours for related organizations	Individual trustee or director	institutional trustee		aako	Highest compensated employee		the organization (W·2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	C/ fro	ensation m the nization related
Parameter Control of the Control of	below line)	ladividua	Institution	Officer	Key empl	Highest c employee	िरामध			orgar	nizations
					-	_					
						-					
		_				<u> </u>					
			-	_	-	-	 				
			_	<u> </u>	-	-					
		-	 								······································
1b Subtotal c Total from continuation sheets to Part	II, Section A		• • • • • • • • • • • • • • • • • • • •					0.		0.	9,907. 0. 9,907.
d Total (add lines 1b and 1c)	not limited to th	1080	liste	ed al	bove	e) wi	no re		,000 of reportable		0
3 Did the organization list any former office	r, director, trus	tee,	key	emp	loye	e, o	r hig	hest compensated emp	oloyee on	33.5	Yes No
line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the and related organizations greater than \$1	sum of reportab	le co	omp	ensa	atlor	n and	1 otł	ner compensation from	the organization	3	X X
Did any person listed on line 1a receive o rendered to the organization? If "Yes." co	accrue compe	nsat	ion f	rom	any	uni	elat	ed organization or indivi	idual for services	-55	X
Section B. Independent Contractors 1 Complete this table for your five highest of										pensation fro	om
the organization. Report compensation for (A) Name and busines			ON		viin	Or W	HENIT	(B) Description of	•	(C Compe) nsation
2 Total number of independent contractors \$100,000 of compensation from the orga		not li	mite	d to		se li	sted	l l above) who received n	nore than		
#1001000 of componential from the orga								4		Form	990 (2021)

		Check if Schedule O co	ntains a response	or note to any line	in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 51
1	a F	Federated campaigns	1a					
		Membership dues	1 1					
	c F	undraising events	1c					
	d F	Related organizations						
		Bovernment grants (contrib	1 1					
		All other contributions, giffs, g	1 1	ļ				
		similar amounts not included a						
		Noncash contributions included in lir		>				
<u> </u>	<u>n</u>	Total, Add lines 1a-1f	************************	Business Code			Helmin handa	
2	a .							
2								
	C.						<u> </u>	<u> </u>
1	d .							
]	θ.	A.H. 11				<u> </u>		
		All other program service r				SAME OF STREET, SAME		s several designation of
3	9	Total, Add lines 2a-2f Investment income (includi	Ing dividends, inte	rest, and				
1 3		other similar amounts)			32,163.			32,16
4		Income from investment of	f tax-exempt bond	proceeds			<u> </u>	<u> </u>
5		Royalties	,	<u></u>				The same of the standard of the
		·	(i) Real	(ii) Personal				
6	a	Gross rents	6a					
	b	Less: rental expenses	6b					
		Rental income or (loss)	6c				21 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	
İ		Net rental income or (loss)	(i) Securities	(ii) Other	SHAND PERSONS		ar stellarisationisti	A LEVELY EARLY
7	' a	Gross amount from sales of	7a 406,389					
		assets other than inventory	78 ±00 , 302	•				
	CI	Less: cost or other basis and sales expenses	7ь 267, 139					
	_	Gain or (loss)	7c 139, 250	•				G GENENAVATER
	d	Net gain or (loss)	797		139,250	•		139,25
		Gross Income from fundralsin						
; `	-	Including \$		Ì				
		contributions reported on						
		Part IV, line 18		8a				
	b	Less: direct expenses	La	8b	100000000000000000000000000000000000000		30	
	С	Net income or (loss) from	fundraising events	·	PARTAGETA NEW Y	A A A TO A A A TO A A A A A A A A A A A		
;	9 а	Gross Income from gamir						
İ		Part IV, line 19		9a 9b				
		Less: direct expenses , Net income or (loss) from		- Julian				
١,		Gross sales of Inventory,						
'	UB	and allowances		10a				
	b	Less: cost of goods sold		10b	Child Children	An manda (Ambalaha)	er resembling filler	
		Net income or (loss) from		<u> </u>				134 33547.1541143
T				Business Code			en ruggingerig	
Revenue	1 a			_				
đ	b			_			_	
ě	¢			_		_		
	- 4	All other revenue				3.415.340.14.540.25		o namin
4		Total. Add lines 11a-11d			. 1	111111111111111111111111111111111111111		

-*2721 Page 9

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GIRL SCOUTS OF NORTHEAST TEXAS

Form 990 (2021) ENDOWMENT FOUNDATION, INC.
Part IX Statement of Functional Expenses

-*2721 Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundralsing (A) Total expenses (B) Program service (C) Management and Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments, See Part IV, line 21 229,482 229,482 Grants and other assistance to domestic individuals, See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 11 Fees for services (nonemployees): a Management _____ b Legal _____ 6,625 6,625. c Accounting e Professional fundralsing services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials ... 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates _____ 22 Depreciation, depletion, and amortization Other expenses, Itemize expenses not covered above, (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) b C e All other expenses 236,107. 229,482. 6,625. 0. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization 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) Form 990 (2021) 132010 12-09-21

Clicked Copy - Cabbain in your filess girl scouts of northeast texas endowment foundation, inc. **-***<u>2721 Page 11</u>

Par	t X	Balance Sheet	····		
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		_1	
	2	Savings and temporary cash investments		2	
-	3	Pledges and grants receivable, net		3	
-	4	Accounts receivable, net		4	
۱	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%	photolycompleted	MAG	A CONTRACTOR OF THE CONTRACTOR
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined	REAL PROPERTY OF THE PROPERTY	14:11	what is a second
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net		7	
essets	8	Inventories for sale or use		8	
₹	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis, Complete Part VI of Schedule D 10a		:00%);	
	b	Less: accumulated depreciation10b		10c	0.044.040
	11	Investments - publicly traded securities	2,711,633.	11	2,061,943.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments · program-related, See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	2,061,943.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s.	22	Loans and other payables to any current or former officer, director,			
iabilities		trustee, key employee, creator or founder, substantial contributor, or 35%	Salata Entra Establica	Sign	
ap		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			6 605
		of Schedule D	6,275.		6,625.
	26	Total liabilities. Add lines 17 through 25	6,275.	26	6,625.
		Organizations that follow FASB ASC 958, check here 🕨 🐰			
8		and complete lines 27, 28, 32, and 33.	94494444444444444444444444444444444444	A354.5	0.000.010
lan	27	Net assets without donor restrictions			2,055,318.
8	28	Net assets with donor restrictions	4.0.5 4.0.7 (1.440.7 (1.56.7 (1	28	4 4 4 4 5 5 4 4 5 4 4 4 4 5 4 6 5 6 6 6 6
PLI	1	Organizations that do not follow FASB ASC 958, check here			
Ē	İ	and complete lines 29 through 33.	10 te a sabasa a a a a a a a a a a a a a a a	1	The District Associated Street (1995) and the Conference of the Co
Š	29	Capital stock or trust principal, or current funds	1	29	
Š	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	0 000 000	31	2 055 240
Š	32	Total net assets or fund balances		32	2,055,318.
	33	Total liabilities and net assets/fund balances	2,711,633.	33	2,061,943.

Form 990 (2021)

GIRL SCOUTS OF NORTHEAST TEXAS

-*2721 ENDOWMENT FOUNDATION, INC. Page 12 Form 990 (2021) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 171,413. 236,107. Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 2 -64,694. 3 Revenue less expenses, Subtract line 2 from line 1 3 705,358. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 -585,346. 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities Investment expenses _____ 7 8 8 Prior period adjustments 0. Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 2,055,318. Part XII Financial Statements and Reporting Check If Schedule O contains a response or note to any line in this Part XII Yes Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Consolidated basis Separate basis b Were the organization's financial statements audited by an Independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Both consolidated and separate basis Separate basis Consolidated basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit X Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2021)

Chismad Coopey - Resigning in Yearn Mises

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

GIRL SCOUTS OF NORTHEAST TEXAS

Open to Public Inspection

OMB No. 1545-0047

Employer identification number ENDOWMENT FOUNDATION, INC. **-***2721

Part I Rea	ason for Public (Charity Status.(All organizations must c	omplete th	is part.) S	ee instructions.		_				
			or lines 1 through 12, cl									
						MAMIN						
	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)											
						_						
			nization described in se									
4 L A med	lical research organiz	ation operated in cor	function with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,					
	city, and state:											
5 An org	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	section 170(b)(1)(A)(iv). (Complete Part II.)											
,	Section 170(b)(1)(A)(v). A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
	section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.)											
	A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.)											
9 An ag	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college											
or uni	ersity or a non-land-(grant college of agric	ulture (see instructions).	Enter the r	name, city,	and state of the college	or					
univer												
10 🔲 An org	anization that norma	Illy receives (1) more t	than 33 1/3% of its supp	ort from co	ontribution	s, membership fees, and	d gross receipts from					
						33 1/3% of its support for						
						ed by the organization a						
			(1988 80000011 5 1 1 (8X) If C	ini busines	ses acquii	ed by the organization a	itter June 30, 1975.					
	ection 509(a)(2). (Co											
			vely to test for public sa									
	X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or											
more	oublicly supported or	ganizations describe	d in section 509(a)(1) o	r section !	509(a)(2).	See section 509(a)(3), (Check the box on					
lines 1	2a through 12d that	describes the type of	supporting organization	and com	olete lines	12e, 12f, and 12g.						
a X Typ	e I. A supporting orga	anization operated, si	upervised, or controlled	bv its supr	orted ora	anization(s), typically by	aivina					
						tors or trustees of the su						
		complete Part IV, Se		majorny o	1 110 01100	tota bi tradicada di tito ac	pporting					
						A	4					
						d organization(s), by hav						
con	irol or management o	of the supporting orga	anization vested in the sa	ame persoi	ns that co	ntrol or manage the supp	orted					
orga	ınization(s). You mus	st complete Part IV,	Sections A and C,									
с Тур	e III functionally inte	grated. A supporting	g organization operated	In connect	ion with, a	and functionally integrate	d with,					
lts s	upported organizatio	n(s) (see instructions)	. You must complete l	Part IV, Se	ctions A.	D, and E,						
			•	-	-	vith its supported organiz	ration(s)					
						uirement and an attentiv						
			nplete Part IV, Sections	*		•	7611644					
		•										
			vritten determination fro			Type I, Type II, Type III						
			nally integrated supporti	ng organiz	ation.			_				
	umber of supported		***************************************	*******	••••••		1	╝				
		n about the supporte										
	of supported	(ii) EIN	(III) Type of organization	(iv) is the orga in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other					
org	anization		(described on lines 1-10 above (see instructions)	Yes	No	support (see instructions)	support (see Instruction	9)				
FIRL SCOU	TS OF											
NORTHEAST		**-***1571	7	х		229,482.						
			•			222/2021						
			***************************************				<u> </u>					
												
ľotal		141000000000000000000000000000000000000	Transfelikanan ili sa	420000	1,541,547	229,482.	0	١,				
		-										

GIRL SCOUTS OF NORTHEAST TEXAS

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Calcadula A (Casas 000) 0001		Page 2
Consequently of the Control of the C	(b)(1)(A)(vl)	-
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170	Dort III. If the examination	on
(Complete only if you checked the box on line 5, 7, or 8 of Part I or If the organization falled to qualify under I	ran iin ii die organizado	OIL
fails to qualify under the tests listed below, please complete Part III.)		

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and	ļ					
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-				j		
	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						
	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)	SHEET SHEET					
6	Public support, Subtract line 5 from line 4.	(Highsayolyana)	1028/19/00/01/20	tovervourseija		LONGARD BARRES	
	otion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4						
8	Gross income from Interest,						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9							
•	activities, whether or not the		1.				
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part Vi.)	-					
11	Total support. Add lines 7 through 10	AND HEADING THE			Eligibilità de	MERCA DALINGGE	
	Gross receipts from related activities	, etc. (see instructi	ons)	***********		12	
13	First 5 years. If the Form 990 is for t	he organization's f	irst, second, third,	fourth, or fifth tax	year as a section t	601(0)(3)	
,,,	organization, check this box and sto	p here					<u></u>
Se	ction C. Computation of Publ	lic Support Per	rcentage			· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2021	(line 6, column (f), c	divided by line 11,	column (f))		14	%
15	Public support percentage from 202	0 Schedule A. Part	II, line 14			15	%
16	a 33 1/3% support test - 2021. If the	organization did n	ot check the box	on line 13, and line	14 is 33 1/3% or n	nore, check this box	and
	ston here. The organization qualifies	s as a publicly supr	orted organizatio	n			P LJ
	b 33 1/3% support test - 2020. If the	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	å or more, check thi	s box
	and ston here. The organization qua	alifies as a publicly	supported organia	zation			▶∟
17	a 10% -facts-and-circumstances tes	at - 2021. If the on	ganization did not	check a box on lin	ie 13, 16a, or 16b,	and line 14 is 10% (or more,
	and if the organization meets the fac-	cts-and-circumstand	ces test, check thi	s box and stop h	ere. Explain in Par	t VI how the organiz	atlon
	meets the facts-and-circumstances t	test. The organizati	on qualifies as a p	ublicly supported	organization		▶∟
	h 10% -facts-and-circumstances tes	st - 2020, If the or	ganization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets	the facts-and-circu	mstances test, ch	eck this box and	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circ	cumstances test. T	he organization q	ualifies as a publicl	y supported organ	ization	▶∐
19	Private foundation. If the organizat	ion did not check a	a box on line 13, 1	6a, 16b, 17a, or 17	b, check this box	and see Instructions	>
						Schedule A	(Form 990) 2021

GIRL SCOUTS OF NORTHEAST TEXAS

Schedule A (Form 990) 2021 ENDOWMENT FOUNDATION, INC.

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

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• •					rt II. It the organi	zation fails to
qualify under the tests listed be						
Section A. Public Support						
Calendar year (or fiscal year beginning in) ► 📗	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Glfts, grants, contributions, and		1				
membership fees received. (Do not						
Include any "unusual grants.")						.
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				}		
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total, Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
) Amounts included on lines 2 and 3 received					1	
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on lino 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtrect line 70 from line 6.)	THE PERSON NAMED	Percentage average	ARAGERICANIA			(ii)
Section B. Total Support						
Galendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net Income from unrelated business activities not Included on line 10b, whether or not the business is	. }	i	l .	1	1	1
regularly carried on						
regularly carried on						
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, 100, 11, and 12.)						
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, 100, 11, and 12.)		lirst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiz	ation,
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 check this box and stop here	the organization's f		fourth, or fifth tax	year as a section	501(c)(3) organiz	ation,
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 check this box and stop here	the organization's f		fourth, or fifth tax	c year as a section	501(c)(3) organiz	ation,
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 tines 9, 100, 11, and 12.) 14 First 5 years, If the Form 990 is for check this box and stop here Section C. Computation of Pub	the organization's f	rcentage			501(c)(3) organiz	> L
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 tines 9, 100, 11, and 12.) 14 First 5 years, If the Form 990 is for check this box and stop here Section C. Computation of Pub 15 Public support percentage from 2021 16 Public support percentage from 202	the organization's f	rcentage divided by line 13, t III, line 15	column (f))			
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 check this box and stop here Section C. Computation of Pub 15 Public support percentage from 2021 16 Public support percentage from 2022 Section D. Computation of Investigation	the organization's f blic Support Pe (line 8, column (l), c 20 Schedule A, Part estment Incom	rcentage divided by line 13, t III, line 15 e Percentage	column (f))		15 16	
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 tines 9, 10c, 11, and 12.) 14 First 5 years, If the Form 990 is for check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2021 16 Public support percentage from 202 Section D. Computation of Investment income percentage for 2021	the organization's f blic Support Pe (line 8, column (l), column (l), column tincom estment Incom 2021 (line 10c, column)	rcentage divided by line 13, t III, line 15 e Percentage umn (1), divided by	column (f)))	15 16	ation,
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 tines 9, 100, 11, and 12.) 14 First 5 years, If the Form 990 is for check this box and stop here Section C. Computation of Pub 15 Public support percentage from 202 16 Public support percentage from 202 Section D. Computation of Inventage from 202 17 Investment income percentage from 203 18 Investment income percentage from 203	the organization's formula to the organization's formula to the organization's formula to the organization of the organization	rcentage divided by line 13, t III, line 15 e Percentage ımı (î), divided by	column (f)))	15 16 17 18	
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 check this box and stop here Section C. Computation of Pub. 15 Public support percentage from 202 16 Public support percentage from 202 Section D. Computation of Investment income percentage from 19a 33 1/3% support tests - 2021. If the sale of the	the organization's f billic Support Pe (line 8, column (l), column (l), column the state of the	rcentage divided by line 13, t III, line 15 e Percentage mn (I), divided by , Part III, line 17 not check the box	column (f)))ne 15 is more than	15 16 17 18 33 1/3%, and lin	e 17 is not
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 check this box and stop here Section C. Computation of Pub 15 Public support percentage from 202 16 Public support percentage from 202 Section D. Computation of Investment income percentage from 19a 33 1/3% support tests - 2021. If the more than 33 1/3%, check this box	the organization's factorial to the organization's factorial to the organization of the organization did and stop here. The	rcentage divided by line 13, t III, line 15 e Percentage mn (I), divided by , Part III, line 17 not check the box e organization qua	column (f))line 13, column (f))ne 15 is more than supported organiz	15 16 17 18 33 1/3%, and lineation	e 17 is not
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 tines 9, 100, 11, and 12.) 14 First 5 years. If the Form 990 is for check this box and stop here Section C. Computation of Pub 15 Public support percentage from 2021 16 Public support percentage from 202 Section D. Computation of Investment income percentage from 19a 33 1/3% support tests - 2021. If the more than 33 1/3%, check this box b 33 1/3% support tests - 2020. If the line 18 is not more than 33 1/3%, check this sox b 31 1/3% support tests - 2020. If the line 18 is not more than 33 1/3%, check this sox b 31 1/3% support tests - 2020.	the organization's factorial to the organization's factorial to the organization did and stop here. The organization did neck this box and sections and section and stop here.	rcentage divided by line 13, t III, line 15 e Percentage Imn (I), divided by Part III, line 17 not check the box e organization qua not check a box o	column (f)) line 13, column (f) on line 14, and li lifies as a publicly n line 14 or line 15 anization qualifies	ne 15 is more than supported organiz 9a, and line 16 is n	15 16 17 18 33 1/3%, and lineration	e 17 is not
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 check this box and stop here Section C. Computation of Pub 15 Public support percentage from 202 16 Public support percentage from 202 Section D. Computation of Investment income percentage from 19a 33 1/3% support tests - 2021. If the more than 33 1/3%, check this box b 33 1/3% support tests - 2020. If the section is support tests - 2020.	the organization's factorial to the organization's factorial to the organization did and stop here. The organization did neck this box and sections and section and stop here.	rcentage divided by line 13, t III, line 15 e Percentage Imn (I), divided by Part III, line 17 not check the box e organization qua not check a box o	column (f)) line 13, column (f) on line 14, and li lifies as a publicly n line 14 or line 15 anization qualifies	ne 15 is more than supported organiz 9a, and line 16 is n	15 16 17 18 33 1/3%, and lineration fore than 33 1/39 ported organizationstructions	e 17 is not

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GIRL SCOUTS OF NORTHEAST TEXAS

Schedule A (Form 990) 2021

ENDOWMENT FOUNDATION, INC.

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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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 Dld the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3h and 3c helow.
- 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(e)(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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part Lof Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? // "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
		No
4	w l	
	21 21 21 21 21 21 21 21 21 21 21 21 21 2	
		X
2	HAY	- 184
За		X
3a	Sec.	
3b		
	1285	1999
3c	Vide	15.55(4)
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9b	1,41	
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Schedule A (Form 990) 2021

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Sched	ule A (Form 990) 2021 ENDOWMENT FOUNDATION, INC.	**-***21	<u>41 </u>	Page	<u> 5</u>
Part					
		p	Yes	s N	lo
44 (Has the organization accepted a gift or contribution from any of the following persons?				
11 }	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	NIX.	H 79		334
	11c below, the governing body of a supported organization?	11a			X
		11b			X
b A	A family member of a person described on line 11a above?	1			111
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110	.	- 1	X
-	detail in Part VI.	1 110	<u></u>	:	<u> </u>
Sect	ion B. Type I Supporting Organizations		1,,	т.	
		1000	Ye	s r	10
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of	one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's	onicera,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s	nnorted			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one su	na the	35 AS		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amo supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X		
_	Did the organization operate for the benefit of any supported organization other than the supported	\$40.	34 E		
2	Did the organization operate for the unifold of any supported organization control than the opportunity of the unifold of the opposite for the unifold of the unif			N N	
	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,	2		1	X
	supervised, or controlled the supporting organization.				<u> </u>
Sect	tion C. Type II Supporting Organizations		т		
*		1 200	Ye	98	<u>No</u>
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors				
•	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	1334	AH 10		strict)
		1			
Cool	the supported organization(s). tion D. All Type III Supporting Organizations				
aec	tion D. All Type in Supporting Organizations	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	T _V	es	No
	the state of the s	111	3.X 10		<u> </u>
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	. 1			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	^ B			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the				1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		12.51	112.25
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	(4):	nil i		ધારીને
	the organization maintained a close and continuous working relationship with the supported organization(s).	1_2	<u>:</u>	_	1.11
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	1 (1)			
3	significant voice in the organization's investment policies and in directing the use of the organization's	12.			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's				
			3	- 1	
0	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations				
Sec	Ston E. Type in runctionally integrated supporting organizations	Instructions)			
1	Check the box next to the method that the organization used to salisfy the integral Part Test during the year (see	area acaonej			
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.				
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental	entity (see Instru	ctions).		
2	Activities Test. Answer lines 2a and 2b below.	F. 1.1	Y	es :	<u>No</u>
я	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of				
-	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,	1 1			
	how the organization was responsive to those supported organizations, and how the organization determined	1.5	100		_NONG
	now the organization was responsive to tribes supported plantations, and now the organization was responsive to		2a	1	
	that these activities constituted substantially all of its activities.	137			1100
b	Did the activities described on 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.	<u> </u>	2b	37.57	43.13
3	Parent of Supported Organizations. Answer lines 3a and 3b below.				
8	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		*****		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		3a		1,000
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each)	22.578		N501
L	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	:	3b		

GIRL SCOUTS OF NORTHEAST TEXAS

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	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying			ert VII See instructions.
1	All other Type III non-functionally integrated supporting organizations must	complete	Sections A through E.	art viji oco mad dodonoi
Secti	on A - Adjusted Net Income	Johnston	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	T1		
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	188		
•	instructions for short tax year or assets held for part of year):	3.33		
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	10		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):	1333		
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		
Sec	tion 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		3		
4	Enter greater of line 2 or line 3.	4	PRESIDENT AND AND AND AND AND AND AND AND AND AND	,
5	Income tax imposed in prior year	5	Experience and experience	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6	Table in the second style (i)	
7	Check here if the current year is the organization's first as a non-functional	ally integr	ated Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2021

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	dule A (Form 990) 2021 ENDOWMEN'T FOUR t V. Type III Non-Functionally Integrated 509(NDATION, INC. a)(3) Supporting Organ	nizations (continue)	* 1 dl	*-***2721 Page 7
Section	on D - Distributions	,, ,, ,, <u>, , , , , , , , , , , , , , ,</u>	Joonando	<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exer	nnt nurooses		1	Out out
	Amounts paid to perform activity that directly furthers exemp			_	
_	organizations, in excess of income from activity	· F+·F-+-+		2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	THO COLUMN IT		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.	•		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	on E - Distribution Allocations (see instructions)	(I) Excess Distributions	(ii) Underdistributions Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		and the spenished	100	
2	Underdistributions, if any, for years prior to 2021 (reason-			一	
_	able cause required - explain in Part VI), See instructions.				
3	Excess distributions carryover, if any, to 2021	Additional section and states		3.33	SALAS ESTRETA SALAS E
	From 2016	<u>Ų įvinėj viela kia kia kai vie</u>			
	From 2017		TO BOARD WARREN		
	From 2018		KANGARAKAN PERMUMINI	2111	
	From 2019		NEWA HARRINA ROBATAN		
	From 2020		HE CHARLEST AND THE COLOR		
•	Total of lines 3a through 3e		MANAGEMET CONTROL		
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount			ÇERET	
	Carryover from 2016 not applied (see instructions)				
	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.			9.50	RESERVED BONDER BEINGEN
4	Distributions for 2021 from Section D,	BEST MARKET STREET			
7	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount		Nederland entire (1987)	1.50	The Control of Congress of Con
	Remainder, Subtract lines 4a and 4b from line 4.	•		-	
5	Remaining underdistributions for years prior to 2021, if		7.4		NATIONAL PROPERTY OF THE PARTY
J	any, Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI, See Instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h		NASSAN SANSAN SANSAN	33.5	
Ū	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See Instructions.				
7				N. 5-3-	
7	Excess distributions carryover to 2022. Add lines 3) and 4c.				
8	Breakdown of line 7:	Market Commence		3 (3 (A)	
	Excess from 2017		AND STREET, AND STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,	3 (3)	
	Excess from 2018	SVII Same all tensores		· 11/1	
	Excess from 2019	William Vigerianner			
***************************************	Excess from 2020	BANGERING STREET			
	Excess from 2021	Marka and the same of Array and the			
	ENGOGO ITOM AUA I	1			[

Schedule A (Form 990) 2021

GIRL SCOUTS OF NORTHEAST TEXAS **-***2721

13mul 1/1	(Form 990) 2021	ENDOWMENT FOUN	DATION, INC.	**-***2721	Page
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, an	rmation. Provide the explans 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9 D, lines 2 and 3; Part IV, Section d 8; and Part V, Section E, lines	ations required by Part II, line b, 9c, 11a, 11b, and 11c; Par E, lines 1c, 2a, 2b, 3a, and 3 2. 5. and 6. Also complete th	10; Part II, line 17a or 17b; Part III, line 12; t IV, Section B, lines 1 and 2; Part IV, Sectio b; Part V, line 1; Part V, Section B, line 1e; P ils part for any additional information.	n C, art V,
	(See instructions.)	d of that all v, oction L, mos	Z, o, and o. raso complete to	no part for any additional information.	
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Chional Copy of Bookin in your files

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.

GIRL SCOUTS OF NORTHEAST TEXAS

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

זאר בשוא בענאנז ביים שוא משרט בענא

Employer Identification number

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Sim	illar Funds or Ac	Counts. Complete if the
نستنا	organization answered "Yes" on Form 990, Part IV, lin			Complete it the
		(a) Donor advised f	unds (i	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 v		In donor advised fund	S
	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any o	other purpose conferri	ng
	Impermissible private benefit?		<u> </u>	Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes"	on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that appl <u>y).</u>		
	Preservation of land for public use (for example, recrea	tion or education) 🔲 F	Preservation of a histo	rically important land area
	Protection of natural habitat		reservation of a certi	lied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contributi	on in the form of a cor	
	day of the tax year.			Held at the End of the Tax Year
	Total acreage restricted by conservation easements			2b
C	Number of conservation easements on a certified historic stra			2c
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or ten	ninated by the organi	zation during the tax
	year -			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
_	violations, and enforcement of the conservation easements if	***************************************		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and	enforcing conservatio	n easements during the year
_		10	,	
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enior	cing conservation eas	sements during the year
_	Data and a second secon		- / 1 1 - 70 / L/L/D\	A1
8	Does each conservation easement reported on line 2(d) abov	•	, ,, ,, ,	" — —
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation			
ð	balance sheet, and include, if applicable, the text of the footr		•	
	organization's accounting for conservation easements.	ible to the organization a III	ianciai siatements th	at describes the
Pa	t III Organizations Maintaining Collections of	Art. Historical Treas	ures, or Other S	imilar Assets.
L	Complete if the organization answered "Yes" on Form	•	,	
19	If the organization elected, as permitted under FASB ASC 95		ie statement and halo	ence cheet works
144	of art, historical treasures, or other similar assets held for put			
	service, provide in Part XIII the text of the footnote to its final	•		
b	If the organization elected, as permitted under FASB ASC 95			sheet works of
~	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	o oximpation, education, of the	scaron in iditiloration	or public dervice;
	(I) Revenue included on Form 990, Part VIII, line 1			▶ \$
2	If the organization received or held works of art, historical tre			
_	the following amounts required to be reported under FASB A	•	,	
а	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) 2021
	1 10-28-21	• • • • • • • •		

Tolliesing Conflow - Regulation for Month Alleres GIRL SCOUTS OF NORTHEAST TEXAS **-***2721 Page 2 ENDOWMENT FOUNDATION, INC. Schedule D (Form 990) 2021 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Loan or exchange program Public exhibition Other Scholarly research Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets Yes to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 10 1d d Additions during the year 10 e Distributions during the year No 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (e) Four years back (b) Prior year (a) Current year 138,561 133,922. 131 972. 134,102 1a Beginning of year balance b Contributions _____ 180 1,950. 4,610. 4,459. c Net Investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities 143,171, and programs f Administrative expenses 134,102 133.922. g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment c Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization 3a(i) (i) Unrelated organizations 3a(II) (ii) Related organizations _____ b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Schedule D (Form 990) 2021

(d) Book value

(a) Cost or other

basis (investment)

Total, Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

(b) Cost or other

basis (other)

(c) Accumulated

depreciation

Description of property

b Buildings c Leasehold improvements d Equipment

GIRL SCOUTS OF NORTHEAST TEXAS

ENDOWMENT FOUNDATION, INC.

Schedule D (Form 990) 2021 ENDOWMENT FO Part VII Investments - Other Securities. Complete if the organization answered "Yes" o			***Z/ZI Page 3
	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
(a) Description of security or category (including name of security)	(B) BOOK VAIUE	(c) Menod of valuation, ever of one	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(O)			
(D)			
(E)			
(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"	on Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
	V-2		
(1)			
(2)			
(3)			
(4)			
[6]			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.)		HERMANIAN PROPERTY OF THE PROP	
Part IX Other Assets.			
Complete If the organization answered "Yes"	on Form 990, Part IV, lir	ne 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
. (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	ю 15.)	>	
Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability			(b) Book value
1. (a) Description of hability			
(1) Federal Income taxes			6,625.
(1) Federal Income taxes (2) DUE TO COUNCIL			6,625.
(1) Federal Income taxes (2) DUE TO COUNCIL (3)			6,625.
(1) Federal Income taxes (2) DUE TO COUNCIL (3) (4)			6,625.
(1) Federal Income taxes (2) DUE TO COUNCIL (3) (4) (5)			6,625.
(1) Federal Income taxes (2) DUE TO COUNCIL (3) (4) (5) (6)			6,625.
(1) Federal Income taxes (2) DUE TO COUNCIL (3) (4) (5) (6) (7)			6,625.
(1) Federal Income taxes (2) DUE TO COUNCIL (3) (4) (5) (6) (7) (8)			
(1) Federal Income taxes (2) DUE TO COUNCIL (3) (4) (5) (6) (7)	De 25.)		6,625.

Schedule D (Form 990) 2021

-*2721 Page 3

Colling the second of the second offices

GIRL SCOUTS OF NORTHEAST TEXAS **-***2721 Page 4 ENDOWMENT FOUNDATION, INC. Schedule D (Form 990) 2021 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. -413,933. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: -585,346. 2a a Net unrealized gains (losses) on investments 2b b Donated services and use of facilities 2c c Recoverles of prior year grants d Other (Describe in Part XIII.) -585,346. e Add lines 2a through 2d 171,413. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b _______ 4a b Other (Describe in Part XIII.) 0. c Add lines 4a and 4b 171,413. 5 5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) ______ | 5 | Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 236,107. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2b b Prior year adjustments _____ c Other losses d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 3 3 Subtract line 2e from line 1 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 4b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 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 additional information. PART X, LINE 2: THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT TO THE EXTENT THAT IT HAS UNRELATED BUSINESS INCOME. THROUGH SEPTEMBER 30, 2022, THE ORGANIZATION HAD NO MATERIAL NET UNRELATED BUSINESS INCOME. ACCORDINGLY, NO PROVISION FOR INCOME TAX HAS BEEN PROVIDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION IS NOT CLASSIFIED AS A PRIVATE FOUNDATION. IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD RELEASED GUIDANCE ON THE ACCOUNTING TREATMENT FOR UNCERTAINTY IN INCOME TAXES (ACCOUNTING

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

GUIDANCE STATES THAT AN ENTITY WILL BE REQUIRED TO UTILIZE DIFFERENT

132054 10-28-21

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

÷.

Open to Public 2021 Inspection

OMB No. 1545-0047

► Attach to Form 990.

2 [] Employer identification number SCOUTS OF NORTHEAST TEXAS **-**2721 OPERATIONS OF THE GIRL (h) Purpose of grant or assistance X Yes SUPPORT FOR THE 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (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 noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant 229,482. 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) ENDOWMENT FOUNDATION, INC. 501(C)(3) Enter total number of other organizations listed in the line 1 table criteria used to award the grants or assistance? **-**1571 Part I General Information on Grants and Assistance (D) 1 (a) Name and address of organization GIRL SCOURS OF NORTHEAST TEXAS or government Name of the organization 6001 SUMMERSIDE DR DALLAS, TX 75252 PartII

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

Schedule I (Form 990) 2021

-*2721

Page 2

Schedule | (Form 990) 2021 ENDOWMENT FOUNDATION, INC.

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.

Part III can be duplicated if additional space is needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2: Part III, column (b); and any other additional information.	uired in Part I, lin	e 2: Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:	***************************************				
THE ENDOWMENT FOUNDATION PROVIDES 1	FUNDS FOR	GIRL SCOUTS	TE OF NORT	OF NORTHEAST TEXAS	
PROGRAMS. THE ENDOWMENT FOUNDATION BOARD		ANNUALLY REV	REVIEWS THE C	THE CONSOLIDATED	
AUDITED FINANCIALS OF THE GIRL SCO	SCOUTS OF NO	NORTHEAST TEXAS	XAS AND THE	R GIRL	
SCOUTS OF NORTHEAST TEXAS ENDOWMENT	T FOUNDATION,	TON, INC.			
					* Language Control of the Control of
132102 10-26-21		78			Schedule I (Form 990) 2021

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SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

GIRL SCOUTS OF NORTHEAST TEXAS

ENDOWMENT FOUNDATION, INC.

Employer identification number **-***2721

Par	t I \ Questions Regarding Compensation	Т	1	
		1000	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.		N. S.	
	First-class or charter travel Housing allowance or residence for personal use	188		
	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	Viiii	[94.4]	(Victor)
	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,	Nisis:	NA	100000
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's		188	
•	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.			
	Stabilish compensation of the OLO/Executive Birdstof, But explain in action Written employment contract	133		
	Compensation Committee			
	and portation compensation			
	X Form 990 of other organizations X Approval by the board or compensation committee			
	No. 1 Company of the state of t			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling		13.5	
	organization or a related organization:	4a		X
a	Receive a severance payment or change-of-control payment?	4a 4b	 	X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?		\vdash	X
C	Participate in or receive payment from an equity-based compensation arrangement?	40	1,751,75	12
	If "Yes" to any of lines 4a c, list the persons and provide the applicable amounts for each Item in Part III.			
				188
	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:	1110	S. Salaran	
а	The organization?	<u>5a</u>	ऻ	$\frac{\mathbf{x}}{\mathbf{x}}$
	Any related organization?	5b	1	<u>X</u>
	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:	(3)	1 5435	4
а		6a	1	<u> </u>
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.	- 1		
7	For persons listed on Form 990, Part Vil, Section A, line 1a, did the organization provide any nonfixed payments			i 143
′	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
_	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	13.13	l. (32)	1 10
a	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
	Initial contract exception described in negulations section 30.4500 4(a)(b). In 165, 3000 50 11 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	· 🛅	(S.	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		1
	Regulations section 53.4958-6(c)?		rm ga	0) 201

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

GIRL SCOUTS OF NORTHEAST TEXAS

ENDOWMENT FOUNDATION, INC.

-*2721

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. Schedule J (Form 990) 2021 ENDOWMENT FOUNDATION, INC.

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

Page 2

Note: The sum of columns (B)(f)(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 and/or 1099-NEC compensation	2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(I-(D)	
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JENNIFER K. BARTKOWSKI	E	0	0.0	0	0	0		.0
	<u> </u>	254,29	40,000.	26,000.	8,267.	15,681.	344,242.	0.
(2) DEBRA ROLING	ε		• 0	.0	0.	0		0
CFAO	: <u>E</u>	150,634.	8,000.	13,224.	4,172.	1,787.	177,817.	• 0
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GIRL SCOUTS OF NORTHEAST TEXAS ENDOWMENT FOUNDATION, INC.

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Page 3

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Page 3												990) 2021
-*2721	plete this part for any additional information.										-	Schedule J (Form 990) 2021
MENT FOUNDATION, INC.	Fart III Supplemental information 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.											
ENDOWMENT	on n, or descripti				and the second s		:					
Schedule J (Form 990) 2021	Provide the information, explanation, o				The second secon				**************************************			

132113 11-02-21

Collegial Control of Residently the Month filters

SCHEDULE O (Form 990)

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 Form 990-EZ.

OMB No. 1545-0047

2021

COpen to Public

Department of the Treasury Internal Revenue Service

Name of the organization

GIRL SCOUTS OF NORTHEAST TEXAS

Inspection
Employer Identification number

-*2721 ENDOWMENT FOUNDATION, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROGRAMS TO YOUTH IN 32 COUNTIES IN NORTHEAST TEXAS. FORM 990, PART VI, SECTION B, LINE 11B: A COPY OF FORM 990 WAS PROVIDED TO THE ORGANIZATION'S BOARD OF DIRECTORS FOR REVIEW BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: BOARD OF DIRECTORS COMPLETE AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE. FORM 990, PART VI, SECTION B, LINE 15: THE ENDOWMENT FOUNDATION PAYS NO COMPENSATION TO ANY OFFICERS OR DIRECTORS. ALL COMPENSATION IS PAID THROUGH THE GIRL SCOUTS OF NORTHEAST TEXAS. 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 COMPENSATION SALARY SURVEYS, FORM 990 INFORMATION FROM OTHER ORGANIZATIONS AND NORTHEAST TEXAS SALARY SURVEYS FOR EACH JOB CLASSIFICATION. FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S FORM 990 AND OTHER FINANCIAL INFORMATION ARE POSTED ON THE WEBSITE FOR THE GIRL SCOUTS OF NORTHEAST TEXAS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST Schedule O (Form 990) 2021 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

132211 11-11-21

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Schedule O (Form 990) 2021	Page 2
Name of the organization GIRL SCOUTS OF NORTHEAST TEXAS ENDOWMENT FOUNDATION, INC.	Employer identification number
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC (JPON REQUEST.
FORM 990, PART XII, LINE 2C, AUDIT COMMITTEE RESPONSIBILITY	ries
THE ENDOWMENT BOARD ASSUMES RESPONSIBILITY FOR OVERSIGHT	TIQUA EHT TO
BY MEETING WITH THE AUDITOR ANNUALLY ON THE FINANCIAL STA	TEMENTS. A
MEMBER OF THE GIRL SCOUTS OF NORTHEAST TEXAS BOARD OF DIR	ECTORS SERVES
AS AN ENDOWMENT BOARD VOTING MEMBER. THE GIRL SCOUTS OF N	ORTHEAST TEXAS
AUDIT COMMITTEE APPROVES THE SELECTION OF THE INDEPENDENT	ACCOUNTANT
FOR THE CONSOLIDATED AUDIT FOR GIRL SCOUTS OF NORTHEAST T	EXAS ENDOWMENT
FOUNDATION, INC., GSNETX STEM CENTER OF EXCELLENCE, AND G	IRL SCOUTS OF
NORTHEAST TEXAS.	
	and the same of th
FORM 990, PART IV, QUESTION 12, AUDITED FINANCIAL STATEME	nts
A CONSOLIDATED FINANCIAL STATEMENT AUDIT IS COMPLETED FOR	GIRL SCOUTS
OF NORTHEAST TEXAS, GIRL SCOUTS OF NORTHEAST TEXAS ENDOWM	IENT
FOUNDATION; AND GIRL SCOUTS OF NORTHEAST TEXAS STEM CENTE	ER OF
EXCELLENCE, WITH SUPPLEMENTAL SCHEDULES INCLUDED IN THE A	AUDIT REPORT
DETAILING THE FINANCIAL STATEMENTS FOR EACH LEGAL ENTITY.	A
RECONCILIATION BETWEEN THE FINANCIAL STATEMENTS AND FORM	990 FOR GIRL
SCOUTS OF NORTHEAST TEXAS IS INCLUDED IN SCHEDULE D, PART	rs XI AND XII.
	A STATE OF THE STA

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Sarvice

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

Open to Public Inspection 2021

OMB No. 1545-0047

GIRL SCOUTS OF NORTHEAST TEXAS KNDOWMENT FOUNDATION,

INC.

Employer identification number **-** 2721

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

(f) Direct controlling entity			
(e) End-of-year assets			
(d) Total income	,		
(c) Legal domicile (state or foreign country)			
(b) Primary activity			
(a) Name, address, and ElN (if applicable) of disregarded entity			

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

(b) (c) Primary activity Legal domicile (state or			(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13) controlled
	foreign country)		section	status (if section	entity	entity?
				501(c)(3))		Yes No
GIRL SCOUTING BUILDS GIRLS						
OF COURAGE, CONFIDENCE AND						
CHARACTER, TEXAS	XAS	-	501(C)(3)	LINE 7		M
SUPPORT FOR THE GIRL					GIRL SCOUTS OF	
SCOUTS OF NORTHEAST TEXAS	XAS	н,	501(C)(3)	LINE 12A, I	NORTHEAST TEXAS	X

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Schedule R (Form 990) 2021

-*2721

Page 2

GIRL SCOUTS OF NORTHEAST TEXAS ENDOWMENT FOUNDATION, INC.

Schedule R (Form 990) 2021

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.

Genoral or Percentage managing ownership partner? Ξ 8 Code V-UBI amount in box 7 20 of Schedule -K-1 (Form 1065) Θ allocations?
Yes No Disproportionate Ē Share of end-of-year assets 9 Share of total income Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
Direct controlling
entity (c)
Legal
domicile
(state or
foreign Primary activity (<u>G</u> Name, address, and EIN of related organization <u>e</u>

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.

6	Section Section	512(b)(13) controlled entity?	Yes No	 		·		 -	 		
	(E)	Percentage ownership			· · · · · · · · · · · · · · · · · · ·						
	(B)	Share of end-of-year	assers								
	E	Share of total income									
	(9)	Type of entity (C corp, S corp,	or trust)								
	9	Logal domicile Direct controlling Type of entity (state or entity entity)									
	9	Legal domicile (state or	foreign country)								
ing the tax year.	(g)	Primary activity									
organizations treated as a corporation or trust during the tax year.	(a)	Name, address, and EIN of related organization							THE REAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS		

Schedule R (Form 990) 2021

Page 3 **-***2721

GIRL SCOUTS OF NORTHEAST TEXAS ENDOWMENT FOUNDATION, INC.

Schedule R (Form 990) 2021

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

י אטב (י	ร์ ร	<u> </u>	Schedule K (Form 990) 2021		36	132153 11-17-21
		1				(6)
						(5)
						(4)
						(8)
						(2)
			сазн	229,482.	Д	(1) GIRL SCOUTS OF NORTHEAST TEXAS
		ived	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization
			elationships and transaction thresholds.	his line, including covered	ho must complete	
×		3				r Outer transfer of cash or property from related organization(s)
M		+				
×		19	expenses			p neuropusement para to related organization(s) וסי באף היים היים היים היים היים היים היים היי
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×		Ę		***************************************	nization(s)	Performance of services of membership of full draising solicitations for related organization(s) Darkomance of services or membership or fundraising solicitations by related organization(s)
M		F		***************************************	nivation(e)	K Lease of facilities, equipment, of ourse assets from refered organization (s)
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М	,	#				f Dividends from related organization(s)
				***************************************		e Loans or loan guarantees by related organization(s)
M		. 4				d Loans or loan guarantees to or for related organization(s)
	M	7		***************************************		
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M		13				Doning the tax year, old the organization eligage in
-		200	p Parts IFIV?	elated omanizations listed	s with one or more	
Š	Yes					N-4 C

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-*2721 Page 4

GIRL SCOUTS OF NORTHEAST TEXAS

Schedule R (Form 990) 2021 ENDOWMENT FOUNDATION, INC.

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

(h)

Oisperpar

Code V-UBI

General or Percentage

dinational mount in box 20 memories of 20,000 of 20,00 Schedule R (Form 990) 2021 B 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. (g) Share of end-of-year assets (f) Share of total income Predominant income parans sactions of treated from tax under sections 512-514) Yes No Legal domicile (state or foreign country) <u>ত</u> Primary activity Name, address, and EIN of entity

Callent Copy - Restain in your files GIRL SCOUTS OF NORTHEAST TEXAS

Schedule F	R (Form 990) 2021	ENDOWMENT	FOUNDATION,	INC.	**-***2721	Page 5
Part VII	R (Form 990) 2021 Supplemental Info	rmation	· · · · · · · · · · · · · · · · · · ·			
	Provide additional inform	nation for responses to	o questions on Schedul	e R. See Instructions.		

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Fαm 8879-TE		for a Tax Exempt E	_			
	For calendar year 2021	, or fiscal year beginning $\overline{\text{OCT 1}}$, 2021, ar		2021		
Department of the Treasury		Do not send to the IRS. Keep for y		ZUZ I		
Internal Revenue Service		Go to www.irs.gov/Form8879TE for the				
		ORTHEAST TEXAS	EIN or S			
ENDOWM	ENT FOUNDA	TION, INC.	**-	***2721		
Name and title of officer or pe	erson subject to tax	DEBRA ROLING				
		CFAO				
Part I Type of	Return and Re	turn Information				
Form 5330 filers may ente or 10a below, and the am	or dollars and cents. ount on that line for	e using this Form 8879-TE and enter the app For all other forms, enter whole dollars only the return being filed with this form was bla b). But, if you entered ·0· on the return, then	. If you check the box on line 1a, 2 nk, then leave line 1b, 2b, 3b, 4b,	2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a 5b, 6b, 7b, 8b, 9b, or 10b,		
	here ►X	b Total revenue, if any (Form 990, Part	VIII. column (A), line 12)	1b 171,413.		
2a Form 990-EZ che		b Total revenue, if any (Form 990-EZ, lir	ne 9)	2b		
3a Form 1120-POL		b Total tax (Form 1120-POL, line 22)		3h		
4a Form 990-PF che		b Tax based on investment income (Fe	orm 990-PF. Part V. line 5)	4h		
5a Form 8868 check		b Balance due (Form 8868, line 3c)		~		
6a Form 990-T chec		b Total tax (Form 990-T, Part III, fine 4)		6b		
7a Form 4720 check	******	b Total tax (Form 4720, Part III, line 1)		7h		
8a Form 5227 check	1	b FMV of assets at end of tax year (Fo	rm 5227 Item IN	8b		
9a Form 5330 check		b Tax due (Form 5330, Part II, line 19)	mi ozzi, itani oj	9b		
10a Form 8038-GP c		b Amount of credit payment requeste	d (Form 9039.CD Darf III Ilno 22)			
Part II Declara	tion and Signal	ture Authorization of Officer or Pe	erson Subject to Tax	IUD		
of any refund. If applicable entry to the financial institifinancial institution to deblater than 2 business day payment of taxes to receipersonal identification numbers.	e, I authorize the U. tution account indic bit the entry to this a s prior to the payme ve confidential infor mber (PIN) as my si	I Part I above is the amount shown on the c- electronic return originator (ERO) to send the ection of the transmission, (b) the reason fo S. Treasury and its designated Financial Ag- ated in the tax preparation software for pay iccount. To revoke a payment, I must conta- ent (settlement) date. I also authorize the fina mation necessary to answer inquiries and re gnature for the electronic return and, if appli	ant to initiate an electronic funds w more to the federal taxes owed on i of the U.S. Treasury Financial Agen Inclai institutions involved in the pr Insolve issues related to the paymen cable, the consent to electronic fur	ithdrawal (direct debit) hithrawal (direct debit) hte tat 1-888-353-4537 no cessing of the electronic t. I have selected a hds withdrawal.		
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File by the due date for filling your return, See 6001 SUMMERSIDE DR, 101										
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box 🕨	, if it is fo	r part of the group, check this box	and atta	ich a list with the names and TINs of	ali membe	rs the extension is	; 10r.			
))	1 I request an automatic 6 month extension of time until AUGUST 15, 2,023 to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ □ calendar year or ▶ ★ tax year beginning OCT 1, 2021 and ending SEP 30, 2022 .									
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