PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO ADVISORY LLC

** PUBLIC DISCLOSURE COPY ** 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.

Department of the Treasury Internal Revenue Service

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

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4 F	or the	2023 calendar year, or tax year beginning OCT	1, 2023 and	ending S	EP 30, 2	024			
	heck if oplicable	C Name of organization GIRL SCOUTS OF TEXAS OKLAHOMA			D Emple	oyer identific	cation number		
	Addre:	PLAINS, INC.]				
	Name chang	Doing business as			7.	5-0818162			
	Initial return	Number and street (or P.O. box if mail is not delivered	E Telepl	none number					
]Final return∕			817	-737-7272				
	termin ated	City or town, state or province, country, and ZIP	or foreign postal code		G Gross re	eceipts \$	13,594,246.		
	Ameno	FORT WORTH, IX /0103-4433			H(a) Is this a group return				
	Application	F Name and address of principal officer: REBECCA	BURTON		fors	subordinates'	? Yes X No		
	pendir	SAME AS C ABOVE			H(b) Are a	II subordinates in	cluded? Yes No		
<u> </u>	ax-ex	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1) (or 527	lf "N	lo," attach a	list. See instructions		
	Vebsit					up exemptior	n number		
		organization: X Corporation Trust Associ	iation Other	L Year	of formatior	ı: 1981 N	State of legal domicile: TX		
Pa	rt I	Summary							
ام		Briefly describe the organization's mission or most sign		NG GIRLS	OF COUR	AGE,			
ĕ		CONFIDENCE AND CHARACTER, WHO MAKE THE W	ORLD A BETTER PLACE.						
ž	2	Check this box if the organization discontinu	ued its operations or dispos	ed of more	than 25%	of its net ass	ets.		
8		Number of voting members of the governing body (Par					15		
& Governance	4	Number of independent voting members of the govern	ing body (Part VI, line 1b)				15		
es		Total number of individuals employed in calendar year					145		
∄		Total number of volunteers (estimate if necessary) $\ \dots$					5457		
Activities		Total unrelated business revenue from Part VIII, colum					0.		
4	b	Net unrelated business taxable income from Form 990	······			0.			
<u>e</u>					Prior `	-	Current Year		
					810,869.		898,662.		
el E						498,983.	389,435.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and				,162,524.	316,204.		
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c			,289,574.	7,597,686.			
-		Total revenue - add lines 8 through 11 (must equal Par			9	,761,950.	9,201,987.		
		Grants and similar amounts paid (Part IX, column (A), li				132,329.	123,826.		
		Benefits paid to or for members (Part IX, column (A), lir			0.	0.			
es		Salaries, other compensation, employee benefits (Part			5	,840,767.	6,048,012.		
Expenses		Professional fundraising fees (Part IX, column (A), line				33,000.	38,000.		
낆		Total fundraising expenses (Part IX, column (D), line 25	· · · · · · · · · · · · · · · · · · ·		2	914 650	2 596 140		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f				,814,650. ,820,746.	3,586,149. 9,795,987.		
		Total expenses. Add lines 13-17 (must equal Part IX, co	olumn (A), line 25)			-58,796.	-594,000.		
<u>- «</u>	19	Revenue less expenses. Subtract line 18 from line 12		Ra	ainning of (Current Year	End of Year		
sts Been	20	Total assets (Dort V. line 16)				,086,964.	10,579,301.		
let Assets or und Balances	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)				,827,164.	1,629,143.		
Eét	22	Net assets or fund balances. Subtract line 21 from line				,259,800.	8,950,158.		
Pa	rt II		20			,===,===•	-,,		
		Ities of perjury, I declare that I have examined this return, incl	uding accompanying schedules	and stateme	ents and to	the hest of my	knowledge and belief it is		
		t, and complete. Declaration of preparer (other than officer) is					Throw age and bones, it is		
,									
Sign	,	Signature of officer				ate			
Here		REBECCA BURTON, CEO							
		Type or print name and title							
		Print/Type preparer's name Pre	eparer's signature]	Date	Check	PTIN		
aid		*	NIFER M. VACHA	0	2/13/25	if self-employe	P01251998		
rep	arer	Firm's name ARMANINO ADVISORY LLC			F		94-6214841		
Jse Only Firm's address 1520 S. FIFTH STREET, SUITE 309									
		ST. CHARLES, MO 63303			F	hone no.636	-255-3000		
 ∕lav	the IF	RS discuss this return with the preparer shown above?	See instructions				X Yes No		

Bidly describe the organization professor: BITLIANS ORALO AP CORRESPONDED, CONFIDENCE, AND CHARACTER, WIRO MAKE THE WORLD A BETTER PLACE. Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 900 E27 If "Yes," describe these new services on Schedule O.	Pa	Check if Schoolule O contains a vacanase or note to any line in this Bort III	Х
BUILDING CIRLS OF COURAGE, CONFIDENCE, AND CRARACTER, WEO MAKE THE WORLD A BETTER PLACE, Vest	_	Check if Schedule O contains a response or note to any line in this Part III	<u>A</u>
Did the organization undertake any significant program services during the year which were not listed on the prior form \$90 or \$90-E27 If "Yes," describe these new services on Schedule O. If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section \$01(c)(8) and \$51(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, Section \$01(c)(8) and \$51(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, Section \$01(c)(8) and \$51(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse, if any, for each program service occurred. 4a (cost) (survers) 4,168,718, notating priors 5 21,595.) (livence \$ 7,514,377.) (IRL NAD VOLUMETER EXPERIENCE). GITLE AND VOLUMETER EXPERIENCE; GITLE SCOUTS OPPRES LEADRESSITE EXPERIENCES FOR SELES AS EASE SEARCE WIRER GITLE CAN TITLY BRIVITLINGS, TAKE ON LEADRESSITE ROBES AND DEVELOR A RANGE OF SKILLE SUCH AS FOULD SERVICES, AND CONTINUES, CONFIDENCE RESOLUTION, SEPERATION, PROBLEMS FOR SELES AS EASE SEARCE WIRER GITLE CAN TITLY BRIVITLINGS, TAKE ON LEADRESSITE ROBES AND DEVELOR A RANGE OF SKILLE SUCH AS FORE THE SELECTION OF SKILLES SUCH AS FOULD SERVICES, AND CONFIDENCE RESOLUTION, SEPERATION, PROBLEMS FOR SET AS EASE OF SKILLE SUCH AS FORE SELECT AS EASE OF SKILLE SUCH AS EASE OF SKILLES SUCH AS FORE SELECT AS EASE OF SKILLES SUCH AS EASE OF SKILLES SU	•		
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3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		prior Form 990 or 990-EZ?	Yes X No
H "Yes," describe the see changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(s) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program service reported. 4a (come) (expenses 4,165,718. Including grants or 3 21,595.) (Sovernet 7,514,377.) GIRL AND VOLINIFERR EXPERIENCE: GIRL SCOUTS OPPERS LEADERSHIP EXPERIENCES FOR GIRLS IN GRADES K.12. THE INCLUSIVE, ALL—FEMALE ENVIRONMENT OF A GIRL SCOUT TROOP CREATES A SATE SPACE WIRER GIRLS CAN TAY NEW THINGS, TAKE ON LEADERSHIP PREPERIENCES FOR GIRLS TAKE ON LEADERSHIP PREPERIENCES FOR GIRLS A SATE SPACE WIRER GIRLS CAN TAY NEW THINGS, TAKE ON LEADERSHIP PREPERIENCES OPPERS GIRLS THE OPPERIENCE OPPERS GIRLS THE OPPERATION OF THE OPPERAT		If "Yes," describe these new services on Schedule O.	
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Section 5016(S) and 5016(S) and 5016(S)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. 4a (code)(Expenses 4,168,718 including grants of 21,595) (Revente 3,7514,377) GIRL AND VOLUMTERR EXPERIENCE: GIRL SCOUTS OFFERS LEADERSHIP EXPERIENCES FOR GIRLS IN GRADBS N. 12, THE INCLUSIVE, ALL-FEMALE ENVIRONMENT OF A GIRL SCOUT TROOP CREATES A SAFE SPACE WHERE GIRLS CAN TYX INST MINNOS, TAKE ON LEADERSHIP ROLES AND DEVELOP A RANGE OF SKILLS SUCH AS PUBLIC SPEAKING, PROBLEM-SOLVING, CONFLICT RESOLUTION, EFFECTIVE AND CONFIDENT COMMUNICATION, GOAL SETTING, AND MONEY MANAGEMENT, THE ORD-OF-A-KIND GIRL SCOUT LEADERSHIP EXPERIENCE OFFERS GIRLS THE OFFORTUNITY TO THILVE AS THEY 1) DEVELOP A SENSE OF SELF, 2) SEEK CHALLENGES AND LEARN FROM STRACKS, 3) DISPLAY POSITIVE VALUES, 4) FORM AND MAINTAIN HEALTHY RELATIONSHIPS, AND 5) IDENTIFY AND SOLVE PROBLEMS IN THEIR COMMUNITIES, (SEE SCHEDULE O) 4b (Code:)(Expenses 1,969,675. Including grants of 3,070.) (Revenue 389,435.) FROPERTY AND OUTDOOR: BEING OUTDOORS IS A PILLAR OF GIRL SCOUTING, WHETHER CAMPING AT A STATE FARK, SPEADING A WEEK AT A GIRL SCOUT SUMMER CAMP, OR HAVING A TROOP MEETING OUTSIDE, RESURENCE THAN STRANGE OF SILL SCOUTS SUMMER CAMP, OR HAVING A TROOP MEETING OUTSIDE, RESURENCE THAN STRANGE OF SILL SCOUTS EXPERIENCE MANY FIRSTS AND CHALLENGE TEMBELIES TO DO SOMETHING THEY SOMEWAILLY WOULD NOT HAVE THE OPPORTUNITY TO DO ZIP LINING, TENT CAMPING, HORSEMACK RIDING FUNDERSTAND THE BEAUTY AND NECESSITY OF NATURE IS AT THE CORE OF GIRL SCOUTS AND THAT SHAND CALLES OF TEXAS SUMLED FROM THE FOUR CAMP FORESTLES ACROSS GIRL SCOUTS OF TEXAS MILLS GRINGER, AND MORE, THROUGH TO THE OUTDOOR EXPERIENCES OFFERS AT GIRL SCOUT CAMP FORESTLES ACROSS GIRL SCOUTS OF TEXAS MILLS GRINGER, CAMPORE, PROFESSEROE THROUGH LZTH GRADE HAVE ACCESS TO THE GIRL SCOUT EADERSHIP EXPERIENCE THROUGH LZTH GRADE HAVE ACCESS TO THE GI		If "Yes," describe these changes on Schedule O.	
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	4e	T 454 404	,
			Form 990 (2023)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	١		
U		_		x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			.,
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's separate of consolidated limit clarification the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ' '		
ıza		40-	х	
	Schedule D, Parts XI and XII	12a	21	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		_v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		-
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b		20b		
21	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 1? If "Yes," complete Schedule I. Parts I and II	21		x
		-		-

Form 990 (2023) PLAINS, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
Ū	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
-	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
-	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	00		
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	'		
55	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance	_ 00	·	
	Check if Schedule O contains a response or note to any line in this Part V			
	Silestin Sellsagio o containe a respense or note to any into in ano i art v		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		169	140
ıa b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	2.4 and organization dompty with backap withholding raise for reportable payments to vendors and reportable gaining			

(gambling) winnings to prize winners?

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). 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 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 Х to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Х Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? X 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
_	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	킬		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	, , , ,			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a				
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b				
12a	, , , , , , , , , , , , , , , , , , ,	12a	Х	
b		12b	Х	
С				
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	, , ,	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DAWUD MABON - 817-737-7272 4901 BRIARHAVEN ROAD FORT WORTH TX 76109			
	THE THE PROPERTY OF THE PARTY O			

Form **990** (2023)

Form 990 (2023) PLAINS, INC. 75-0818162 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

Section A. 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other				
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) REBECCA BURTON	50.00	1							_	
CHIEF EXECUTIVE OFFICER				Х				187,706.	0.	20,308.
(2) CYNTHIA ODOM	50.00	4								
CHIEF FINANCIAL OFFICER (THRU 09/24)				Х				174,955.	0.	20,957.
(3) MARILYN JONES	50.00	4						445.450		
CHIEF COMMUNITY RELATIONS & DEVELOPM	50.00	<u> </u>				Х		145,172.	0.	5,983.
(4) NEKISHA HENRY	50.00	-						104.050		
CHIEF MISSION DELIVERY OFFICER	50.00					Х		124,058.	0.	14,940.
(5) DEBBIE TURNER	50.00	1				,,		120 717	_	_
SR. LEAD OF RECRUITMENT (THRU 06/23) (6) EMILY GARVIN	F0 00	<u> </u>				Х		130,717.	0.	0.
FUND DEVELOPMENT LEAD	50.00	-				x		104 704	0.	14 220
(7) MATTHEW SUTTON	50.00					<u> ^</u>		104,704.	0.	14,229.
CHIEF ADMINISTRATIVE OFFICER	30.00	1				x		100,349.	0.	16,512.
(8) DAWUD MABON	50.00					<u> </u>		100,545.	· ·	10,312.
CHIEF FINANCIAL OFFICER	30.00	1		x				105,973.	0.	834.
(9) JAN TITSWORTH	3.00							100,575.	••	031.
CHAIRMAN	3.00	x		x				0.	0.	0.
(10) MELINDA MITCHELL JONES	3.00							•	•	•
CHAIRMAN (THRU 04/24)		x		x				0.	0.	0.
(11) MONICA CARTER	3.00									
FIRST VICE CHAIR		х		х				0.	0.	0.
(12) JEANETTE MARTINEZ	3.00									
FIRST VICE CHAIR (THRU 04/24)		х		х				0.	0.	0.
(13) ANGELA BOYD	3.00									
SECRETARY		х		х				0.	0.	0.
(14) CYNTHIA JOSEPH-KELLER	3.00									
TREASURER		х		х				0.	0.	0.
(15) DANA BURGHDOFF	1.00									
DIRECTOR		х						0.	0.	0.
(16) NORMA CARDENAS	1.00									
DIRECTOR		х						0.	0.	0.
(17) CYNTHIA CRAWFORD	1.00									
DIRECTOR		Х						0.	0.	0.
										Form 990 (2022)

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(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	Average Po (do not ched box, unless					n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) SONYA GARCIA DIRECTOR	1.00	x						0.	0.	0
(19) KALISHA HOLLAND	1.00	^						0.	0.	0
DIRECTOR	1.00	Х						0.	0.	0
(20) DAVID KEMP	1.00									
DIRECTOR		х						0.	0.	0
(21) MONICA LYNOTT	1.00									
DIRECTOR		х						0.	0.	0
(22) BRIAN RENTERIA DIRECTOR	1.00	х						0.	0.	0
(23) KENDRA THORNTON	1.00									
DIRECTOR		х						0.	0.	0
(24) CYNTHIA WALTON	1.00									
DIRECTOR		х						0.	0.	0
(25) ALEXIS WRIGHT	1.00									
DIRECTOR		Х						0.	0.	0
1b Subtotal								1,073,634.	0.	93,763
c Total from continuation sheets to Part \								0.	0.	0
d Total (add lines 1b and 1c)								1,073,634.	0.	93,763

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
BLESSED ELECTRIC & AIR, 301 INDIAN BLANKET		
DRIVE, BURLESON, TX 76028	ELECTRIC/HVAC SERVICES	181,121.
DALWORTH RESTORATION, 12750 S. PIPELINE		
ROAD #2A, EULESS, TX 76040	CONSTRUCTION SERVICES	139,854.
Total number of independent contractors (including but not limited t	to those listed above) who received more than	

Form **990** (2023)

Contributions, Gifts, Grants and Other Similar Amounts

Program Service Revenue

b

4

5

Other Revenue

Part VIII Statement of Revenue

GIRL SCOUTS OF TEXAS OKLAHOMA PLAINS, INC. 75-0818162 Page 9 Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 227,908 1a 1 a Federated campaigns 1b **b** Membership dues 161,529 c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 509,225 1f 37,521 g Noncash contributions included in lines 1a-1f 898,662 h Total. Add lines 1a-1f **Business Code** 2 a CAMPING FEES 713990 389,435. 389,435. f All other program service revenue 389,435, g Total. Add lines 2a-2f Investment income (including dividends, interest, and 279,219 279,219. other similar amounts) Income from investment of tax-exempt bond proceeds 1,268. 1,268. Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... 6c c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 91,220. assets other than inventory 7a **b** Less: cost or other basis 54,235 and sales expenses 7с 36,985. c Gain or (loss) 36,985. 36,985. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 161,529. of contributions reported on line 1c). See Part IV, line 18 44,718. **b** Less: direct expenses 41,341. 3,377 3,377. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9b **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a 11,793,527 and allowances 4,296,683 **b** Less: cost of goods sold 7,496,844. 7,496,844. c Net income or (loss) from sales of inventory **Business Code** 11 a INSURANCE SETTLEMENT 900099 78,664. 78,664 b MISCELLANEOUS 900099 17,533 17,533

12 332009 12-21-23

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399,513.

96,197.

9,201,987.

Total. Add lines 11a-11d

Total revenue. See instructions

d All other revenue

7,903,812

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	122 026	122 026		
_	individuals. See Part IV, line 22	123,826.	123,826.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	655,122.	152,618.	447,737.	54,767
6	trustees, and key employees Compensation not included above to disqualified	033,122.	132,010.	117,737.	34,707
O	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		4,067,649.	3,024,342.	682,948.	360,359
<i>1</i> 8	Other salaries and wages Pension plan accruals and contributions (include	1,007,013.	5,521,512.	332,340.	200,333
	section 401(k) and 403(b) employer contributions)	350,152.	244,938.	74,597.	30,617
9	Other employee benefits	636,730.	450,001.	132,296.	54,433
9 10	Payroll taxes	338,359.	229,452.	79,266.	29,641
1	Fees for services (nonemployees):	355,555.	225,202.	75,200.	25,012
' a	Management				
b	Legal	28,295.	4,988.	23,307.	
C	Accounting	57,508.	-,	57,508.	
d	Lobbying	7		, , , , , ,	
e	Professional fundraising services. See Part IV, line 17	38,000.			38,000
f	Investment management fees	14,541.		14,541.	
g		,		, -	
9	column (A), amount, list line 11g expenses on Sch O.)	122,873.	78,021.	41,336.	3,516
2	Advertising and promotion	68,281.	4,998.	63,136.	147
3	Office expenses	364,524.	296,805.	49,813.	17,906
14	Information technology	172,559.	96,730.	54,543.	21,286
5	Royalties	,	,	,	•
16	Occupancy	787,712.	721,982.	53,101.	12,629
17	Travel	211,925.	125,947.	54,537.	31,441
18	Payments of travel or entertainment expenses	·	·		•
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	82,802.	18,499.	58,509.	5,794
20	Interest	23,292.	1,705.	21,537.	50
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	439,003.	419,859.	15,156.	3,988
3	Insurance	276,769.	237,457.	31,122.	8,190
24	Other expenses. Itemize expenses not covered				
-	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	SUPPLIES	518,208.	509,045.	9,092.	71
b	CAMPING EXPENSE	416,713.	409,160.	2,271.	5,282
С	MISCELLANEOUS	1,144.	1,111.		33
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	9,795,987.	7,151,484.	1,966,353.	678,150
26	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 if following SOP 98-2 (ASC 958-720)				

Form **990** (2023)

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GIRL SCOUTS OF TEXAS OKLAHOMA PLAINS, INC. 75-0818162 Page **11** Form 990 (2023) Part 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 546,377. 528,184. 1 Cash - non-interest-bearing 3,100,536. 3,000,237. 2 Savings and temporary cash investments Pledges and grants receivable, net 1,094. 4,368. 3 3 797,373. 101,508. Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 192,906. 247,731. Inventories for sale or use 8 Prepaid expenses and deferred charges 146,465. 9 265,119. **10a** Land, buildings, and equipment: cost or other 12,195,607. basis. Complete Part VI of Schedule D ______ 10a 3,657,795. 3,947,056. b Less: accumulated depreciation 10b 10c 1,292,529. 1,707,549. 11 Investments - publicly traded securities 11 385,234. Investments - other securities. See Part IV, line 11 12 346,668. 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 816,259. 581,277. Other assets. See Part IV, line 11 15 15 11,086,964. 10,579,301. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 371,984. 422,273. Accounts payable and accrued expenses 17 17 18 18 Grants payable 41,746. 28,769. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 499,686. 486,745. 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 913,748. 25 691,356. of Schedule D 1,827,164. 1,629,143. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 8,046,312. 7,288,562. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 1,213,488. 1,661,596. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29

10,579,301. Form 990 (2023)

8,950,158.

30

31

32

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

9,259,800.

11,086,964.

30

31

32

33

Form 990 (2023) PLAINS, INC. 75-0818162 Page **12**

Pa	rt XI │ Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9	,201,	987.
2	Total expenses (must equal Part IX, column (A), line 25)	9	,795,	987.	
3	Revenue less expenses. Subtract line 2 from line 1	3		-594,	000.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9	,259,	800.
5	Net unrealized gains (losses) on investments	5		284,	358.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	8	,950,	158.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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 Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

SCHEDULE A

(Form 990)

Total

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.

GIRL SCOUTS OF TEXAS OKLAHOMA

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

PLAINS 75-0818162 TNC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,518,922.	1,573,036.	759,778.	810,869.	898,662.	5,561,267.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,518,922.	1,573,036.	759,778.	810,869.	898,662.	5,561,267.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						117,387.
6	Public support. Subtract line 5 from line 4.						5,443,880.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1,518,922.	1,573,036.	759,778.	810,869.	898,662.	5,561,267.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	52,067.	28,954.	92,810.	168,166.	280,487.	622,484.
9	Net income from unrelated business	,	,	,	,	,	<u>, </u>
·	activities, whether or not the						
	business is regularly carried on					3,377.	3,377.
10	Other income. Do not include gain					,	
	or loss from the sale of capital						
	assets (Explain in Part VI.)	3,145.	320.	318.	374,970.	96,197.	474,950.
11	Total support. Add lines 7 through 10	, -	-	-	, -	,	6,662,078.
	Gross receipts from related activities,	etc (see instructio	ne)			12	57,753,393.
	First 5 years. If the Form 990 is for th	•	,	ourth or fifth tax v	•		
10	organization, check this box and stop	•		•		. , . ,	
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (li			olumn (f))		14	81.71 %
	Public support percentage from 2022				ſ	15	84.60 %
	33 1/3% support test - 2023. If the c					ore, check this box	
	stop here. The organization qualifies					, 	
b	. 33 1/3% support test - 2022. If the c		•				
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	_					
	meets the facts-and-circumstances te			=	•		
h	10% -facts-and-circumstances test	-	-	*			
~	more, and if the organization meets th	_					-, - - ,
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-				
-10	i invate roundation. Il the organizatio	ii ala noi oncon a i	201 OF III 0 10, 102	, 100, 11a, 01 11b,	, or look it its box at		

Schedule A (Form 990) 2023

Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, 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 business 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						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

332023 12-21-23

Schedule A (Form 990) 2023

PLAINS, INC.

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
Ja		
3b		
0-		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
90		
10a		
401		
10b ule A (Forn	n 990)	2022

Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either acces or together with personal described on lines 11b and 11c blow, if you governing body or authorised controlled on line 11a above? b A family member of a porson described on line 11a above? c A 35% controlled entity of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a to or 11b above? b A family member of a porson described on line 11a or 11b above? c A 35% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a or 11b above? b A 15 controlled entity of a person described on line 11a or 11b above? c A 35% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described engineering entity of a person described engineering	Pai	T IV Supporting Organizations (continued)			
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Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	Nov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	/ integra	ted Type III supporting orga	nization (see
	instructions)			

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 599(a)(3) Supporting Organizations Continued)	Sche	dule A (Form 990) 2023 PLAINS, INC.				75-0818162	Page 7
1 Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 1 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 1 3 Amounts paid to acquire exempt use assets 4 4 Coulified set aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Coulified set aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (decoration - Part VI) Se instructions. 6 6 Total annual distributions. Add lines 1 through 6. 7 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributions are not to 2023 from Section C, line 6 9 Under distribution Allocations (see instructions) Section E - Distributable amount for 2023 from Section C, line 6 1 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - provide details in Part VI). See instructions. 8 1 Excess distributions carryover, if any, to 2023 a From 2019 1 From 2019 2 From 2019 3 From 2019 4 From 2020 5 From 2020 6 From 2020 7 Total of lines 3a through 3e 7 Applied to underdistributions of prior years 9 Applied to underdistributions of prior years 9 Applied to 2023 distributable amount 1 1 Carryover from 2018 not applied (see instructions) 1 Remaining underdistributions for years prior to 2023, if any, subtract lines 3g, and, and 3 from line 4. 8 1 Remaining underdistributions for years prior to 2023, if any subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 9 1 From 2020 2 Excess from 2020 3 Excess from 2020 5 Excess from 2020 6 Excess from 2021 6 Excess from 2021 6 Excess from 2021	Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations _{(continu}	ıed)		
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c Excess from 2021 d Excess from 2022	a	Excess from 2019					
d Excess from 2022	b	Excess from 2020					
	c	Excess from 2021					
e Excess from 2023	d	Excess from 2022					
	<u> e</u>	Excess from 2023					

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 PLAINS, INC.	75-0818162	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17: Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part IV, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	es 1 and 2; Part IV, Sectio art V, Section B, line 1e; P	ın C,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
INSURANCE SETTLEMENT		
2022 AMOUNT: \$ 312,319.		
2023 AMOUNT: \$ 78,664.		
ADMINISTRATIVE SUPPORT		
2019 AMOUNT: \$ 3,145.		
2020 AMOUNT: \$ 320.		
2021 AMOUNT: \$ 318.		
2022 AMOUNT: \$ 519.		
UNCLAIMED PROPERTY		
2022 AMOUNT: \$ 62,132.		
MISCELLANEOUS		
2023 AMOUNT: \$ 17,533.		

GIRL SCOUTS OF TEXAS OKLAHOMA

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

PL	AINS, INC.	75-0818162			
Organization type (check of	one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	s covered by the General Rule or a Special Rule .				
Note: Only a section 501(c)	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.			
General Rule					
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	· · ·			
Special Rules					
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) I in 1. Complete Parts I and II.	d that received from any one			
	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a				
literary, or education	g the year, total contributions of more than \$1,000 exclusively for religious, charitable, so conal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e o) instead of the contributor name and address), II, and III.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Foe 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	**			
	Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)			

Name of organization
GIRL SCOUTS OF TEXAS OKLAHOMA
PLAINS, INC.

Employer identification number

75-0818162

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a)	(b)	(c) (d)		
	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
2		\$ 77,967. Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
4	Name, address, and ZIF + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
5		\$ 39,488. Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
6		\$ 35,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization

GIRL SCOUTS OF TEXAS OKLAHOMA

PLAINS, INC.

Employer identification number

75-0818162

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Name, address, and ZIF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4	Total contributions \$\$ \$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	INAINE, AUGIESS, AND ZIF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	Tallog additions, and all TT	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

GIRL SCOUTS OF TEXAS OKLAHOMA

PLAINS, INC.

Employer identification number

75-0818162

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1101	numo, addicos, and Eli TT	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
GIRL SCOUTS OF TEXAS OKLAHOMA
PLAINS, INC.

Employer identification number

75-0818162

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		(See Instructions.)	
	BEVERAGES		
7			
		\$ 30,356.	09/30/24
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I			
		\$	-
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	p	(See instructions.)	
		\$	
(a)		(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
	-		
	-	 _{\$}	
		Ψ	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	Boompaon of nonocomproperty given	(See instructions.)	Batoroconou
		—	
		 \$	
(a)		(-)	
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(See Ilistructions.)	
		\$	

	organization		Employer identification number
GIRL SCO PLAINS,	OUTS OF TEXAS OKLAHOMA		75-0818162
Part III		through (e) and the following line ent haritable, etc., contributions of \$1,000 or l	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gif	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gif	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gif	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gif	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

GIRL SCOUTS OF TEXAS OKLAHOMA PLAINS, INC.

Employer identification number 75 - 0818162

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Bollet davised fallet	(a) i dilas dila silloi dessalle
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	I writing that the assets held in donor advis.	ed funds
J	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ac		
Ū	for charitable purposes and not for the benefit of the donor or		
Pai			
1	Purpose(s) of conservation easements held by the organization		
-	Preservation of land for public use (for example, recreat	` `	a historically important land area
	Protection of natural habitat	· —	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included on line 2c acquir		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year	, , ,	3
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conservat	tion easements during the year
•	Does and agreement agreeted on line od should)/(4)/(D)/()
8	Does each conservation easement reported on line 2d above		
•			
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's imancial stateme	ents that describes the
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art. Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958		nd balance sheet works
	of art, historical treasures, or other similar assets held for public	•	
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.	,,,,	,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1	•	\$
h	Assets included in Form 990, Part X		\$

332051 09-28-23

Schedule D (Form 990) 2023

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		152,170.		152,170.
b Buildings		10,758,147.	7,409,431.	3,348,716.
c Leasehold improvements				
d Equipment		998,742.	899,857.	98,885.
e Other		286,548.	228,524.	58,024.
Total. Add lines 1a through 1e. (Column (d) must equa	3,657,795.			

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 PLAINS, INC.		1;	5-0818162 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes" of		11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	d of year mortest value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuation: Cost or end	1-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related. Complete if the organization answered "Yes" of	on Form 000. Dort IV. line	11a Saa Farm 000 Part V lina 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(a) Dook value	(5) Montou of Valuation, Goot of Orice	. J. Joan Maritor Value
(1)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1) OPERATING LEASE	1		581,277.
(2)			, , , , , , , , , , , , , , , , , , , ,
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
` '			581,277.
Part X Other Liabilities	(B))		, , , , , , , , , , , , , , , , , , , ,
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of			
Complete if the organization answered "Yes" of the Description of liability.			·
Complete if the organization answered "Yes" of a Description of liability			·
Complete if the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered of the organization and the organiza			(b) Book value
Complete if the organization answered "Yes" of the organization and the organization answered of the organization and the organi			(b) Book value
Complete if the organization answered "Yes" of the			(b) Book value 89,102. 593,359.
Complete if the organization answered "Yes" of the organization answered "Yes" organization answered "Yes" of the organiz			(b) Book value 89,102. 593,359.
Complete if the organization answered "Yes" of the organization answered "Yes" organization answered "Yes" of the organization and "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization			(b) Book value 89,102. 593,359.
Complete if the organization answered "Yes" of the organization answered "Yes" organization answered "Yes" of the organiz			(b) Book value 89,102. 593,359.
Complete if the organization answered "Yes" of the			(b) Book value 89,102. 593,359.
Complete if the organization answered "Yes" of the organization and "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organ			(b) Book value 89,102. 593,359.
Complete if the organization answered "Yes" of the	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	·

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY.

GIRL SCOUTS OF TEXAS OKLAHOMA

Schedule D (Form 990) 2023 PLAINS, INC.	75-0818162	Page 5
Schedule D (Form 990) 2023 PLAINS, INC. Part XIII Supplemental Information (continued)		

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

GIRL SCOUTS OF TEXAS OKLAHOMA Name of the organization **Employer identification number** PLAINS 75-0818162 TNC Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations X Solicitation of non-government grants X Internet and email solicitations b Solicitation of government grants X Special fundraising events Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) MISSION ADVANCEMENT - 7300 Yes No HWY 121 SB, STE 410 Х GRANT WRITING 303,399 38,000 265,399. 303,399, 38 000 265 399. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2023

SEE PART IV FOR CONTINUATIONS

Pa	וונו		-			
		or farial along event contributions and gre	(a) Event #1	(b) Event #2	(c) Other events	
			WOMEN OF	` '	(c) Other events	(d) Total events
				DESSERTS		(add col. (a) through
			DISTINCTION-FTW	FIRST-LUBBOCK	1 (1-1-1	col. (c))
1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 10 Direct expenses summary. Add lines 4 through 11 Net income summary. Subtract line 10 from \$15,000 on Form 990-EZ, line 6a. 9 Cash prizes 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses summary. Add lines 2 through 15 Other direct expenses summary. Subtract line 10 from \$15,000 on Form 990-EZ, line 6a. 9 Cash prizes 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 15 Other direct expenses summary. Subtract line 10 from \$15,000 on Form 990-EZ, line 6a.	(event type)	(event type)	(total number)			
Revenu	1	Gross receipts	153,842.	26,260.	26,145.	206,247.
_	2	Less: Contributions	127,532.	14,015.	19,982.	161,529.
	3	Gross income (line 1 minus line 2)	26,310.	12,245.	6,163.	44,718.
	4	Cash prizes				
m	5	Noncash prizes			7,165.	7,165.
bense	6	Rent/facility costs	11,077.	1,025.	1,338.	13,440.
rect Ex	7	Food and beverages	1,361.	4,029.	3,827.	9,217.
⊡	٥	Entertainment				
	۵		5,901.	3,307.	2,311.	11,519.
	10			•	'	41,341.
		•				3,377.
Pa						, -
				, , , , , , , , , , , , , , , , , , , ,	,	
		·	(a) Diama	(b) Pull tabs/instant	(-) Other mention	(d) Total gaming (add
ane			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve.						
ď	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Malanta and draw	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
			_			
а	ls t	he organization licensed to conduct gaming ac	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
					year?	Yes No
	_	· '				
			<u> </u>	<u> </u>		
2200	20.00	L-13-23			Soho	dule G (Form 990) 2023

GIRL SCOUTS OF TEXAS OKLAHOMA

Schedule G (Form 990) 2023 PLAINS, INC.	75-0818162 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
	120
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	d records:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	ue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and	the amount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
on 163, Chief hame and address of the time party.	
Nama	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
<u> </u>	
Description of services provided	
Director/officer Employee Independent contractor	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or	r spent in the
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii)	and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:	
/T) NAME OF HUNDRATCHE MICCION ADVANCEMENT	
(I) NAME OF FUNDRAISER: MISSION ADVANCEMENT	
(I) ADDRESS OF FUNDRAISER: 7300 HWY 121 SB, STE 410, MCKINNEY, TX 75070	
PART I, LINE 2B, COLUMN (V):	
· · · ·	
GRANT WRITING	

GIRL SCOUTS OF TEXAS OKLAHOMA

Schedule 6	(Form 990) PLAINS, INC.	75-0818162	Page 4
Part IV	(Form 990) PLAINS, INC. Supplemental Information (continued)		<u> </u>
	i i (continuou)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

GIRL SCOUTS OF TEXAS OKLAHOMA

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2023

PLAINS, INC.							75-0818162			
Part I General Information on Grants a	nd Assistance					•				
Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	า			
criteria used to award the grants or assis										
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	d States.						
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
 2 Enter total number of section 501(c)(3) at 3 Enter total number of other organizations 	-									

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

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

Part III

PLAINS, INC. 75-0818162

Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (c) Amount of (d) Amount of non-(b) Number of (e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance 0 **MEMBERSHIPS** 5666 120,796. CAMPERSHIPS 21 3,030, 0. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: WRITTEN APPLICATIONS ARE SUBMITTED TO THE COUNCIL. DECISIONS REGARDING THE AMOUNT OF ASSISTANCE TO BE GRANTED ARE MADE USING A RATING SCALE WHICH INCLUDES SEVERAL FACTORS SUCH AS HOUSEHOLD INCOME, NUMBER OF DEPENDENTS AND NEED FOR THE ASSISTANCE. CAMPERSHIPS ARE REDUCTIONS OF FEE AMOUNTS FOR GIRLS TO ATTEND CAMP. MEMBERSHIPS ARE PAID DIRECTLY TO GIRL SCOUTS USA. THEREFORE, NO ADDITIONAL REPORTS ARE REQUIREDD TO ENSURE FUNDS ARE USED FOR THEIR INTENDED PURPOSES.

Page 2

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

PLAINS, INC.

Employer identification number 75-0818162

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		l

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 PLAINS, INC. 75-0818162

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title (1) REBECCA BURTON (i)		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) REBECCA BURTON		187,706.	0.	0.	4,660.	15,648.	208,014.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CYNTHIA ODOM	(i)	174,955.	0.	0.	4,954.	16,003.	195,912.	0.
CHIEF FINANCIAL OFFICER (THRU 09/24)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARILYN JONES	(i)	145,172.	0.	0.	3,859.	2,124.	151,155.	0.
CHIEF COMMUNITY RELATIONS & DEVELOPM	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

PLAINS, INC.

Part III Supplemental Information						
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.						
PART I, LINE 4A:						
DEBBIE TURNER, \$83,968 SEVERANCE PAYMENT						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

GIRL SCOUTS OF TEXAS OKLAHOMA

PLAINS, INC.

Employer identification number 75-0818162

Par	ti T	ypes of Property								
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part V	ted on	Method of noncash contr		_	s
1	Art - Wor	ks of art								
2		orical treasures								
3		tional interests								
4		d publications								
5		and household goods								
6		other vehicles								
7		d planes								
8		al property								
9		s - Publicly traded								
10		s - Closely held stock	1							
11	Securities	s - Partnership, LLC, or								
	trust inte	rests								
12	Securities	s - Miscellaneous								
13		conservation contribution -								
	Historic s	tructures								
14	Qualified	conservation contribution - Other								
15	Real esta	te - Residential								
16	Real esta	te - Commercial								
17	Real esta	te - Other								
18	Collectib	es								
19	Food inve	entory								
20	Drugs an	d medical supplies								
21	Taxiderm	у								
22	Historica	artifacts								
23		specimens								
24	Archeolo	gical artifacts								
25	Other	(DONATED BEVERAG)	X	1			COMPARABLE SAL			
26	Other	(AUCTION ITEMS)	X	51		7,165.	COMPARABLE SAL	ES		
27	Other	()								
<u>28</u>	Other		<u> </u>							
29		of Forms 8283 received by the orga		•					•	
	for which	the organization completed Form 8	8283, Part V, I	Oonee Acknowledg	ement	29			0	
									Yes	No
30a		e year, did the organization receive								
		d for at least 3 years from the date						00-		x
		urposes for the entire holding period						. 30a		
		describe the arrangement in Part II.		auiros the review	of any nanotonal	d oontribt	iono?	0.4	Х	
31		organization have a gift acceptanc					ions?	31	^	
s∠a	contribut	organization hire or use third partie		•				32a		x
b		ions? describe in Part II.						32d		
33		anization didn't report an amount ir	n column (c) fo	r a type of property	for which column	(a) is ched	cked			
-	describe		. 30141111 (0) 10	. a type of property	, ioi willon column	(a) 13 01 160	, , , , , , , , , , , , , , , , , , ,			
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023

SCHEDULE 0 (Form 990)

Department of the Treasury

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.

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

Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

GIRL SCOUTS OF TEXAS OKLAHOMA

Employer identification number 75-0818162

PART III LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: AND THE GIRLS DO THIS WITH CARING. BACKGROUND-CHECKED, FULLY TRAINED VOLUNTEERS GUIDING THEM. GIRL SCOUT VOLUNTEERS ARE ESSENTIAL TO THE SUCCESS OF THE GIRL SCOUT TROOP. THROUGH EXTENSIVE VOLUNTEER TRAINING OPPORTUNITIES, ADULT MEMBERS PROVIDE THE SUPPORT SYSTEM NECESSARY FOR YOUTH GIRL SCOUTS TO THRIVE. PROGRAM SERVES 2,708 GIRLS AND 1,013 ADULTS. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: PROGRAM SERVES 2,732 GIRLS AND 967 ADULTS. FORM 990, PART VI, SECTION A, LINE 1A: THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE ELECTED OFFICERS AND ONE DIRECTOR-AT-LARGE. THE EX OFFICIO OFFICERS SHALL SERVE AS EX OFFICIO MEMBERS WITHOUT VOTE. THE ONE DIRECTOR-AT-LARGE SHALL BE APPOINTED BY THE CHAIR OF THE BOARD AND RATIFIED BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE BOARD BETWEEN ITS MEETINGS AND CONSISTS OF THE ELECTED OFFICERS OF THE BOARD AND ONE DIRECTOR-AT-LARGE. THE EXECUTIVE COMMITTEE DOES NOT HAVE THE AUTHORITY TO ADOPT THE BUDGET, AMEND THE BYLAWS, OR AUTHORIZE THE SALE, LEASE, OR MORTGAGE OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY AND ASSETS OF THE ORGANIZATION. AS WELL, IT MAY NOT AUTHORIZE THE VOLUNTARY DISSOLUTION OF THE CORPORATION OR REVOKE PROCEEDINGS FOR DISSOLUTION. ADOPT OR CONFIRM A PLAN FOR THE DISTRIBUTION OF THE ASSETS OF THE CORPORATION OR TAKE ACTION THAT IS CONTRARY TO, OR A SUBSTANTIAL DEPARTURE FROM, THE DIRECTION

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

332211 11-14-23

Schedule O (Form 990) 2023

Name of the organization GIRL SCOUTS OF TEXAS OKLAHOMA Employer identification number PLAINS, INC. Employer identification number 75-0818162

ESTABLISHED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 6:

THE COUNCIL'S MEMBERSHIP INCLUDES ELECTED OFFICERS, THE BOARD OF DIRECTORS,

THE BOARD DEVELOPMENT COMMITTEE, AND INDIVIDUALS AGE 14 YEARS AND OLDER WHO

ARE MEMBERS OF THE COUNCIL IN GOOD STANDING.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS OF THE BOARD OF DIRECTORS AND ITS OFFICERS ARE ELECTED AT THE

ANNUAL MEEETING OF THE MEMBERSHIP. IF A VACANCY ARISES IN BETWEEN ANNUAL

MEETINGS. THE BOARD OF DIRECTORS APPOINT AN INDIVIDUAL TO FILL THE VACANCY

FROM A RECOMMENDATION BY THE BOARD DEVELOPMENT COMMITTEE UNTIL THE NEXT

ANNUAL MEETING.

FORM 990, PART VI, SECTION A, LINE 7B:

IF ANY AMENDMENTS TO THE BYLAWS ARE NEEDED, THE BOARD OF DIRECTORS MUST

PRESENT THE PROPOSED CHANGES TO THE MEMBERSHIP AT THE ANNUAL MEETING FOR

APPROVAL.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE AND THEN SUBMITTED TO THE

FULL VOTING BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS RECEIVE PACKETS WITH CONFLICT OF INTEREST FORMS FOR REQUIRED

DISCLOSURES ANNUALLY. THE EXECUTIVE SECRETARY MONITORS AND REVIEWS THE

CONFLICTS FROM EACH BOARD MEMBER. IF A POTENTIAL CONFLICT OF INTEREST WERE

TO ARISE, THE BOARD MEMBERS ARE REQUIRED TO INFORM THE CEO WHO WOULD THEN

Schedule O (Form 990) 2023

Name of the organization GIRL SCOUTS OF TEXAS OKLAHOMA	Employer identification number
PLAINS, INC.	75-0818162
BRING IT BEFORE THE BOARD FOR DELIBERATION. IF A CONFLICT IS FOUND, THE	
CONFLICTED BOARD MEMBER IS REQUIRED TO ABSTAIN FROM VOTING ON THAT	
PARTICULAR ITEM.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE COMMITTEE ESTABLISHES THE COMPENSATION FOR THE CEO USING	
COMPARABLE DATA FROM OTHER GIRL SCOUTS ORGANIZATIONS IN THE SAME INCOME AND	
MEMBERSHIP SIZE BRACKETS. THE CEO'S COMPENSATION WAS LAST ANALYZED IN 2020.	
THE CEO DETERMINES THE COMPENSATION FOR ALL OTHER POSITIONS WITHIN	
GUIDELINES ESTABLISHED BY GIRL SCOUTS USA.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND THE FINANCIAL	
STATEMENTS ARE AVAILABLE UPON REQUEST. THE ANNUAL FINANCIAL STATEMENTS AND	
FORMS 990 ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.	