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# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>TEXAS WOMEN'S FOUNDATION</b>	Taxpayer identification number (TIN) <b>75-2048261</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>8150 NORTH CENTRAL EXPY, 110</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>DALLAS, TX 75206</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**MICHELYNN WOODARD**

- The books are in the care of ▶ **8150 NORTH CENTRAL EXPY, #110 - DALLAS, TX 75206**

Telephone No. ▶ **214-525-5320** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Form **990**

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>TEXAS WOMEN'S FOUNDATION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>8150 NORTH CENTRAL EXPY 110</b> City or town, state or province, country, and ZIP or foreign postal code <b>DALLAS, TX 75206</b> <b>F</b> Name and address of principal officer: <b>MICHELYNN WOODARD</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>75-2048261</b> <b>E</b> Telephone number <b>214-965-9977</b> <b>G</b> Gross receipts \$ <b>26,594,740.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.TXWF.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		<b>L</b> Year of formation: <b>1985</b>
		<b>M</b> State of legal domicile: <b>TX</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TEXAS WOMEN'S FOUNDATION INVESTS IN THE POWER OF WOMEN AND GIRLS TO DRIVE POSITIVE CHANGE.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>45</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>45</b>
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>19</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>154</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 7,667,678.
<b>9</b>		Program service revenue (Part VIII, line 2g)	262,750.	505,579.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,837,665.	1,323,365.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-240,978.	68,652.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,527,115.	8,443,158.
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,992,174.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,491,934.	2,067,083.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>582,235.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,693,840.	2,090,339.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,177,948.	11,238,605.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-4,650,833.	-2,795,447.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 42,374,126.	<b>End of Year</b> 33,197,240.
	<b>21</b>	Total liabilities (Part X, line 26)	4,132,738.	3,004,076.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	38,241,388.	30,193,164.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>MICHELYNN WOODARD, PRESIDENT AND CEO</b> Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>PAMELA ALEXANDERSON</b>	Preparer's signature <b>PAMELA ALEXANDERSON</b>	Date <b>12/09/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01218925</b>
	Firm's name ▶ <b>MOSS ADAMS LLP</b>	Firm's EIN ▶ <b>91-0189318</b>			
	Firm's address ▶ <b>6565 AMERICAS PARKWAY NE STE 600 ALBUQUERQUE, NM 87110</b>		Phone no. <b>505-878-7200</b>		

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TEXAS WOMEN'S FOUNDATION DRIVES SOCIAL AND ECONOMIC CHANGE FOR WOMEN AND GIRLS THROUGH THREE STRATEGIC PILLARS: ECONOMIC SECURITY, LEADERSHIP AND EMPOWERING WOMEN'S PHILANTHROPY. OUR ACTIONS ARE BASED ON CORE VALUES OF INTEGRITY, INCLUSIVITY, AND INTENTIONALITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 4,495,404. including grants of \$ 4,309,699. ) (Revenue \$ ) WOMEN'S ECONOMIC SECURITY: TEXAS WOMEN'S FOUNDATION WORKS TO STRENGTHEN THE ECONOMIC SECURITY OF WOMEN AND GIRLS IN TEXAS BY INVESTING IN SOLUTIONS THAT GET TO THE ROOT CAUSES OF WOMEN'S ECONOMIC INSECURITY AND REVERSE THEM. THE FOUNDATION ADVANCES A TIME-TESTED, EVIDENCE-BASED MODEL THAT PROVIDES WOMEN AND GIRLS WITH KNOWLEDGE AND TOOLS TO MANAGE THEIR FINANCES; TRAINING THAT BUILDS THEIR FINANCIAL CAPABILITY AND IMPROVES THEIR JOB OPPORTUNITIES; AND ACCESS TO CRITICAL WORK SUPPORTS -- EDUCATION, CHILD CARE, HEALTH CARE AND HOUSING THAT ARE ESSENTIAL TO ECONOMIC SECURITY. THE FOUNDATION PRODUCES ORIGINAL RESEARCH, AS WELL AS LEVERAGES LEADING RESEARCH FROM ORGANIZATIONS AROUND THE WORLD, TO GUIDE OUR GRANTING, INFORM OUR DONORS AND PARTNERS, AND STRENGTHEN OUR CREDIBLE VOICE FOR WOMEN AND GIRLS. RESEARCH GUIDES OUR PRIORITIZATION

4b (Code: ) (Expenses \$ 2,310,234. including grants of \$ 1,320,654. ) (Revenue \$ 505,579. ) WOMEN'S LEADERSHIP: TEXAS WOMEN'S FOUNDATION SEEKS TO ADVANCE AND INCREASE THE NUMBER OF WOMEN IN LEADERSHIP POSITIONS IN ALL SECTORS BY PRESENTING LEADERSHIP FORUMS, ELEVATING THE VOICES OF WOMEN LEADERS, DEVELOPING DIRECT PROGRAMMING AND ENGAGING IN ADVOCACY AROUND WOMEN'S LEADERSHIP. DURING THE YEAR ENDED JUNE 30, 2022, TEXAS WOMEN'S FOUNDATION INVESTED \$2.3 MILLION IN LEADERSHIP GRANTS AND PROGRAMS IMPACTING WOMEN AND GIRLS ACROSS TEXAS.

4c (Code: ) (Expenses \$ 1,672,551. including grants of \$ 1,435,325. ) (Revenue \$ ) EMPOWERING WOMEN'S PHILANTHROPY: TEXAS WOMEN'S FOUNDATION ADVANCES POSITIVE SOCIAL AND ECONOMIC CHANGE THROUGH FOCUSING THE COLLECTIVE GIVING OF WOMEN AND MEN ACROSS TEXAS. THE FOUNDATION BELIEVES THE MOST MEANINGFUL WAY TO STIMULATE POSITIVE CHANGE AND MOVE THE NEEDLE ON WOMEN'S ISSUES IS FOR WOMEN TO WORK TOGETHER TO CREATE A LASTING IMPACT. THROUGH SPEAKING ENGAGEMENTS, FACILITATED WORKSHOPS AND RETREATS BY KNOWLEDGEABLE, EXPERIENCED EXPERTS, WE EMPOWER WOMEN TO BE ENGAGED PHILANTHROPISTS AND ADVOCATES FOR EQUITY LEARNING HOW TO ALIGN THEIR GIVING, FROM THEIR FIRST GIFTS TO BUILDING A LIFETIME LEGACY OF GIVING. THE FOUNDATION ALSO SUPPORTS DONOR ADVISED FUNDS AND GIVING CIRCLES TO ENGAGE INDIVIDUALS, AND GROUPS WITH SHARED INTERESTS, IN THEIR PHILANTHROPIC JOURNEYS. DURING THE YEAR ENDED JUNE 30, 2022,

4d Other program services (Describe on Schedule O.) (Expenses \$ 569,377. including grants of \$ 15,505. ) (Revenue \$ )

4e Total program service expenses 9,047,566.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>		X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		19
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	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? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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.		
	1a 45		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 45		
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section 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) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 **MICHELYNN WOODARD - 214-525-5320**  
**8150 NORTH CENTRAL EXPY, #110, DALLAS, TX 75206**



**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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROSLYN DAWSON THOMPSON PRESIDENT & CEO (THRU MARCH 2022)	45.00			X				405,014.	0.	25,795.
(2) DENA JACKSON COO	45.00			X				254,502.	0.	22,740.
(3) DAWN HOOPER VP - FINANCE & OPERATIONS / CFO	45.00			X				203,410.	0.	15,801.
(4) ASHLEY HARRIS VP - DEVELOPMENT	45.00					X		180,821.	0.	19,129.
(5) LISA DE LA GARZA VP - PROGRAMS	45.00					X		144,014.	0.	14,078.
(6) ASHLEY LINDSAY ASSOCIATE VP - ANNUAL GIVING	45.00					X		139,920.	0.	11,857.
(7) MARY VALADEZ ASSOCIATE VP - PROGRAMS	45.00					X		111,902.	0.	14,533.
(8) MICHELYNN WOODARD PRESIDENT & CEO (STARTING FEB 2022)	45.00			X				50,000.	0.	0.
(9) A. SHONN BROWN DIRECTOR, IMMEDIATE PAST CHAIR	4.00	X		X				0.	0.	0.
(10) HILDA C. GALVAN DIRECTOR, BOARD CHAIR	4.00	X		X				0.	0.	0.
(11) LAURA S. NIETO DIRECTOR, SECRETARY	4.00	X		X				0.	0.	0.
(12) MELISSA ORTH DIRECTOR, TREASURER	4.00	X		X				0.	0.	0.
(13) HOLLY REED DIRECTOR, ADVOCACY COMMITTEE CHAIR	4.00	X						0.	0.	0.
(14) ELIZABETH C. PHILLIPS DIRECTOR, GOVERNANCE CHAIR	4.00	X						0.	0.	0.
(15) RACHEL VINSON, DIRECTOR, INVESTMENT ADVISORY COMMITTEE CHAIR	4.00	X						0.	0.	0.
(16) V. BONNER ALLEN DIRECTOR, PROGRAM COMMITTEE CHAIR	4.00	X						0.	0.	0.
(17) ZEENAT SIDI DIRECTOR, AUDIT COMMITTEE CHAIR	4.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CYNTHIA G. MARSHALL, DIRECTOR, CO-CHAIR CEO SEARCH COMMITTEE	4.00	X						0.	0.	0.
(19) CHERYL ALSTON, DIRECTOR, CO-CHAIR CEO SEARCH COMMITTEE	4.00	X						0.	0.	0.
(20) AVERY BELYEU DIRECTOR	2.00	X						0.	0.	0.
(21) JENNIFER BIRY DIRECTOR	2.00	X						0.	0.	0.
(22) VEREE BROWN DIRECTOR	2.00	X						0.	0.	0.
(23) CHRYSTA CASTANEDA DIRECTOR	2.00	X						0.	0.	0.
(24) BONNIE CLINTON DIRECTOR	2.00	X						0.	0.	0.
(25) DARCY L. COWELL DIRECTOR	2.00	X						0.	0.	0.
(26) EFFIE B. DENNISON DIRECTOR	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,489,583.	0.	123,933.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,489,583.	0.	123,933.

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 **7**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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) Name and business address	(B) Description of services	(C) Compensation
MARSHA CLARK & ASSOCIATES 6867 LIVORNO LANE, FRISCO, TX 75034	WOMEN'S LEADERSHIP PROGRAM FACILITATION	272,750.
RUSSELL REYNOLDS ASSOCIATES, INC., 277 PARK AVENUE, SUITE 3800, NEW YORK, NY	CEO SEARCH	122,497.
CICERO RESEARCH, LLC, 35 N. RIO GRANDE STREET, SALT LAKE CITY, UT 84101	STRATEGIC PLANNING	112,850.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

SEE PART VII, SECTION A CONTINUATION SHEETS

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) STACEY DORE DIRECTOR	2.00	X					0.	0.	0.	
(28) SARA G. DURAN DIRECTOR	2.00	X					0.	0.	0.	
(29) SAMANTHA DWINELL DIRECTOR	2.00	X					0.	0.	0.	
(30) SAKINA R. FOSTER DIRECTOR	2.00	X					0.	0.	0.	
(31) BEVERLY GOULET DIRECTOR	2.00	X					0.	0.	0.	
(32) HATTIE HILL DIRECTOR	2.00	X					0.	0.	0.	
(33) MICHELLE M. HUDSON, CPM DIRECTOR	2.00	X					0.	0.	0.	
(34) DEBRA H. HUNTER JOHNSON, ESQ DIRECTOR	2.00	X					0.	0.	0.	
(35) KERI A. KAISER DIRECTOR	2.00	X					0.	0.	0.	
(36) LAURA MAXWELL DIRECTOR	2.00	X					0.	0.	0.	
(37) SARA MILLER DIRECTOR	2.00	X					0.	0.	0.	
(38) SARAH K. MILLER DIRECTOR	2.00	X					0.	0.	0.	
(39) PATRICIA L. MILLER DIRECTOR	2.00	X					0.	0.	0.	
(40) LISA MONTGOMERY DIRECTOR	2.00	X					0.	0.	0.	
(41) NEENA NEWBERRY DIRECTOR	2.00	X					0.	0.	0.	
(42) GWENDOLYN A. PARKER DIRECTOR	2.00	X					0.	0.	0.	
(43) CARRIE F. PARSONS DIRECTOR	2.00	X					0.	0.	0.	
(44) JULIE RAMIREZ DIRECTOR	2.00	X					0.	0.	0.	
(45) PRIYA RATHOD DIRECTOR	2.00	X					0.	0.	0.	
(46) DEBBIE ROLLINS DIRECTOR	2.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c .....										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Data rows include Virginia Rose, Sarah Saldana, Gowri N. Sharma, Lissa Smith, Charmaine Tang, Shannon Teicher, and Shannon Thompson, all as Directors with 2.00 hours per week and 0.00 compensation.

Total to Part VII, Section A, line 1c

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>	961,737.			
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	347,273.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	5,236,552.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 704,038.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		6,545,562.			
Program Service Revenue	<b>2 a</b>	PROGRAM REVENUE	<b>Business Code</b>				
			900099	505,579.	505,579.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		505,579.				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		544,353.		544,353.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real			
				(ii) Personal			
	<b>b</b>	Less: rental expenses ...	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities			
				(ii) Other			
					18,502,666.		
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	17,723,654.			
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	779,012.			
	<b>d</b>	Net gain or (loss) .....		779,012.		779,012.	
<b>8 a</b>	Gross income from fundraising events (not including \$ 961,737. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		494,189.			
				427,795.			
<b>b</b>	Less: direct expenses .....	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events .....		66,394.		66,394.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b>	Less: direct expenses .....	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>		175.			
				133.			
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....		42.		42.		
Miscellaneous Revenue	<b>11 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue .....		900099	2,216.	2,216.	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			2,216.		
<b>12</b>	<b>Total revenue.</b> See instructions .....			8,443,158.	505,579.	0.	
						1392017.	

**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 response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,076,183.	7,076,183.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,000.	5,000.		
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, trustees, and key employees	826,870.	305,371.	425,456.	96,043.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,081,637.	538,865.	293,056.	249,716.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	50,556.	23,620.	16,009.	10,927.
9 Other employee benefits	108,020.	49,437.	36,657.	21,926.
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	35,772.		35,772.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	216,025.		216,025.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	883,826.	502,982.	352,456.	28,388.
12 Advertising and promotion	40,367.	36,147.	2,785.	1,435.
13 Office expenses	129,017.	67,160.	32,310.	29,547.
14 Information technology	197,684.	91,944.	42,258.	63,482.
15 Royalties				
16 Occupancy	150,732.	73,837.	45,817.	31,078.
17 Travel	40,875.	31,015.	5,105.	4,755.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	58,701.	42,107.	10,154.	6,440.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	65,457.	32,064.	19,897.	13,496.
23 Insurance	16,299.		16,299.	
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.)				
a <b>OTHER EVENT EXPENSES</b>	68,966.	50,682.	10,873.	7,411.
b <b>PEO FEES</b>	43,673.	19,288.	16,440.	7,945.
c <b>SPONSORSHIPS OF NON-PRO</b>	41,478.	29,382.	8,124.	3,972.
d <b>IN KIND GOODS</b>	40,410.	36,515.	936.	2,959.
e All other expenses	61,057.	35,967.	22,375.	2,715.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>11,238,605.</b>	<b>9,047,566.</b>	<b>1,608,804.</b>	<b>582,235.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	5,920,336.	<b>1</b>	3,870,316.
	<b>2</b> Savings and temporary cash investments .....	36,056.	<b>2</b>	1,959,498.
	<b>3</b> Pledges and grants receivable, net .....	783,111.	<b>3</b>	343,011.
	<b>4</b> Accounts receivable, net .....	66,242.	<b>4</b>	251,597.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	4,212.
	<b>9</b> Prepaid expenses and deferred charges .....	213,275.	<b>9</b>	94,581.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 316,135.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 139,918.		
	<b>11</b> Investments - publicly traded securities .....	206,764.	<b>10c</b>	176,217.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	32,765,617.	<b>11</b>	23,744,923.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	102,929.	<b>12</b>	844,070.
	<b>14</b> Intangible assets .....	150,000.	<b>13</b>	150,000.
	<b>15</b> Other assets. See Part IV, line 11 .....	42,489.	<b>14</b>	18,400.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	2,087,307.	<b>15</b>	1,740,415.	
	42,374,126.	<b>16</b>	33,197,240.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,330,864.	<b>17</b>	467,866.
	<b>18</b> Grants payable .....	1,029,249.	<b>18</b>	1,250,751.
	<b>19</b> Deferred revenue .....	517,115.	<b>19</b>	505,729.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	348,576.	<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	906,934.	<b>25</b>	779,730.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	4,132,738.	<b>26</b>	3,004,076.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	19,088,199.	<b>27</b>	13,908,223.
	<b>28</b> Net assets with donor restrictions .....	19,153,189.	<b>28</b>	16,284,941.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	38,241,388.	<b>32</b>	30,193,164.
<b>33</b> Total liabilities and net assets/fund balances .....	42,374,126.	<b>33</b>	33,197,240.	

**Part 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	8,443,158.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,238,605.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,795,447.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	38,241,388.
5	Net unrealized gains (losses) on investments	5	-5,028,997.
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	-223,780.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	30,193,164.

**Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2021)



SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: TEXAS WOMEN'S FOUNDATION
Employer identification number: 75-2048261

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 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.
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
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).
a 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.
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).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e 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.
f Enter the number of supported organizations

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6500104.	8218229.	16829973.	7667678.	6545562.	45761546.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	6500104.	8218229.	16829973.	7667678.	6545562.	45761546.
<b>5</b> 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) .....						10656125.
<b>6 Public support.</b> Subtract line 5 from line 4.						35105421.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	6500104.	8218229.	16829973.	7667678.	6545562.	45761546.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	548,071.	612,066.	688,701.	669,252.	544,353.	3062443.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....			2,500.	2,199.	2,216.	6,915.
<b>11 Total support.</b> Add lines 7 through 10						48830904.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	3,243,777.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	71.89 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	70.00 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No	
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section 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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2022. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 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 V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

TEXAS WOMEN ' S FOUNDATION

Employer identification number

75-2048261

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization  <b>TEXAS WOMEN ' S FOUNDATION</b>	Employer identification number  <b>75-2048261</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>497,215.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>347,273.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>TEXAS WOMEN ' S FOUNDATION</b>	Employer identification number  <b>75-2048261</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	STOCK _____ _____ _____	\$ 497,215.	02/16/22
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>TEXAS WOMEN ' S FOUNDATION</b>	Employer identification number  <b>75-2048261</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.  
 ► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>TEXAS WOMEN'S FOUNDATION</b>	Employer identification number <b>75-2048261</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ► \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ► \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ► \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ► \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ► \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)		0.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		0.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		0.													
<b>d</b> Other exempt purpose expenditures		10,656,370.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		10,656,370.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		682,819.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		170,705.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount	582,808.	710,018.	877,084.	682,819.	2,852,729.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					4,279,094.
<b>c</b> Total lobbying expenditures	3,113.	676.	941.		4,730.
<b>d</b> Grassroots nontaxable amount	145,702.	177,505.	219,271.	170,705.	713,183.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,069,775.
<b>f</b> Grassroots lobbying expenditures	3,113.	676.	941.		4,730.

Schedule C (Form 990) 2021

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year .....	<b>2a</b>
<b>b</b> Carryover from last year .....	<b>2b</b>
<b>c</b> Total .....	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	<b>5</b>

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization **TEXAS WOMEN'S FOUNDATION** Employer identification number **75-2048261**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	59	
2 Aggregate value of contributions to (during year) .....	592,920.	
3 Aggregate value of grants from (during year) .....	3,260,866.	
4 Aggregate value at end of year .....	8,776,612.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified 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
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2021



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	16,636,725.	13,697,998.	13,468,639.	13,509,173.	11,583,558.
b Contributions	1,058,877.	246,465.	383,808.	400,517.	1,368,249.
c Net investment earnings, gains, and losses	-2,026,477.	3,475,023.	366,682.	100,408.	1,027,713.
d Grants or scholarships	337,710.	320,567.	521,131.	541,459.	415,914.
e Other expenditures for facilities and programs	187,831.	362,460.			
f Administrative expenses	113,650.	99,734.			54,433.
g End of year balance	15,029,934.	16,636,725.	13,697,998.	13,468,639.	13,509,173.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  12.0000 %
  - b Permanent endowment  71.0000 %
  - c Term endowment  17.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		316,135.	139,918.	176,217.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				176,217.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) <b>BENEFICIAL INTERESTS</b>	1,021,941.
(2) <b>OTHER CURRENT ASSETS</b>	13,108.
(3) <b>RIGHT OF USE ASSET</b>	705,366.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,740,415.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>LEASE LIABILITY</b>	779,730.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	779,730.

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	3,223,845.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-5,028,997.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	53,055.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-27,346.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	-5,003,288.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	8,227,133.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	216,025.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	216,025.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	8,443,158.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	11,272,071.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	53,055.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	196,436.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	249,491.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	11,022,580.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	216,025.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	216,025.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	11,238,605.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

ENDOWMENT PURPOSES INCLUDE FUNDING FOUNDATION GRANTING AND OPERATIONS.

**PART X, LINE 2:**

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE UNITED STATES INTERNAL REVENUE CODE (IRC) ACCORDING TO THE UNITED STATES INTERNAL REVENUE SERVICE (IRS) DETERMINATION LETTER DATED OCTOBER 1985. ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR FEDERAL INCOME TAX.

GAAP REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE FOUNDATION'S FINANCIAL STATEMENTS TO DETERMINE WHETHER THE TAX POSITIONS ARE MORE LIKELY THAN NOT OF BEING

**Part XIII** Supplemental Information (continued)

SUSTAINED BY THE APPLICABLE TAX AUTHORITY. TAX POSITIONS NOT DEEMED TO MEET THE MORE LIKELY THAN NOT THRESHOLD WOULD BE RECORDED AS A TAX BENEFIT OR EXPENSES IN THE CURRENT YEAR. A RECONCILIATION IS NOT PROVIDED HEREIN, AS THE BEGINNING AND ENDING AMOUNTS OF UNRECOGNIZED BENEFITS ARE ZERO, WITH NO INTERIM ADDITIONS, REDUCTIONS, OR SETTLEMENTS. HOWEVER, THE CONCLUSIONS REGARDING THE UNCERTAINTY IN INCOME TAXES WILL BE SUBJECTIVE TO REVIEW AND MAY BE ADJUSTED AT A LATER DATE BASED ON FACTORS INCLUDING, BUT NOT LIMITED TO, ONGOING ANALYSIS OF TAX LAWS, REGULATIONS, AND INTERPRETATIONS THEREOF. MANAGEMENT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN INCOME TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST	-223,780.
EMPLOYEE RETENTION CREDIT	204,000.
BAD DEBT	-7,566.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-27,346.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING	2.
EMPLOYEE RETENTION CREDIT	204,000.
BAD DEBT	-7,566.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	196,436.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **TEXAS WOMEN'S FOUNDATION** Employer identification number **75-2048261**

**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.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

- 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.
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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		LUNCHEON	LEADERSHIP CELEBRATION	NONE	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	904,887.	551,039.	1,455,926.
	2	Less: Contributions	904,887.	56,850.	961,737.
	3	Gross income (line 1 minus line 2)		494,189.	494,189.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	49,500.		49,500.
	6	Rent/facility costs	67,746.	202,555.	270,301.
	7	Food and beverages			
	8	Entertainment	60,500.	35,000.	95,500.
	9	Other direct expenses		12,494.	12,494.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			427,795.
11	Net income summary. Subtract line 10 from line 3, column (d)			66,394.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                               |            |   |
|-------------------------------|------------|---|
| a The organization's facility | <b>13a</b> | % |
| b An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- 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 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.

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**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization **TEXAS WOMEN'S FOUNDATION** Employer identification number **75-2048261**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) 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
29 PIECES P.O. BOX 140962 DALLAS, TX 75214-0962	34-2038797	501(C)(3)	80,000.	0.			PROGRAM: LEGACY INITIATIVE
ABIDE WOMENS HEALTH SERVICES 2612 MARTIN LUTHER KING JUNIOR BLVD DALLAS, TX 75215-2309	82-3303040	501(C)(3)	11,695.	0.			GENERAL OPERATING SUPPORT
AGAPE RESOURCE & ASSISTANCE CENTER INC - P.O. BOX 861664 - PLANO, TX 75086-1664	75-2942035	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
AGAPE RESOURCE & ASSISTANCE CENTER INC - P.O. BOX 861664 - PLANO, TX 75086-1664	75-2942035	501(C)(3)	30,000.	0.			PROGRAM: EXPAND HOUSING
ALLIANCE FOR JUSTICE 11 DUPONT CIRCLE NW 2ND FLOOR WASHINGTON, DC 20036	52-1009973	501(C)(3)	20,000.	0.			PROGRAM: BOLDER ADVOCACY
ASIAN & PACIFIC ISLANDER AMERICAN SCHOLARSHIP FUND - 2025 M STREET NW, SUITE 610 - WASHINGTON, DC 20036	57-1192973	501(C)(3)	15,000.	0.			PROGRAM: APIA SCHOLARSHIPS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 171.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) 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 non-cash assistance	(h) Purpose of grant or assistance
ASIAN FILM FOUNDATION OF DALLAS 3630 HARRY HINES BLVD BOX 25 DALLAS, TX 75219	30-0164336	501(C)(3)	15,000.	0.			PROGRAM: WOMEN'S FILM SHOWCASE
ASSET FUNDERS NETWORK # 50387 2045 W. GRAND AVE SUITE B CHICAGO, IL 60612-1577	83-1215288	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
ASSET FUNDERS NETWORK # 50387 2045 W. GRAND AVE SUITE B CHICAGO, IL 60612-1577	83-1215288	501(C)(3)	20,000.	0.			PROGRAM: CARE ECONOMY PRIMER OVERVIEW
ASTRAEA FOUNDATION, INC. 116 EAST 16TH STREET SEVENTH FLOOR NEW YORK, NY 10003	13-2992977	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
AT LAST INC. 405 E. OVERTON ROAD DALLAS, TX 75216	61-1765722	501(C)(3)	50,000.	0.			PROGRAM: CAPACITY BUILDING
BIG THOUGHT 1409 S LAMAR ST STE 1015 DALLAS, TX 75215	75-2170035	501(C)(3)	12,000.	0.			PROGRAM: CREATIVE SOLUTIONS INTERVENTION
BONTON FARM ENTERPRISES FUND AT DALLAS FOUNDATION - 2612 VALENTINE ST. - DALLAS, TX 75215	75-2890371	501(C)(3)	10,000.	0.			PROGRAM: BONTON FARMS
BOYS & GIRLS CLUB OF GREATER DALLAS - 4816 WORTH ST - DALLAS, TX 75246	75-1152657	501(C)(3)	25,000.	0.			PROGRAM: POST PANDEMIC ACADEMIC INTERVENTION PROJECT
BRADY CENTER TO PREVENT GUN VIOLENCE - 840 FIRST ST. NE, STE. 400 - WASHINGTON, DC 20002	52-1285097	501(C)(3)	50,000.	0.			PROGRAM: SUPPORT OF BRADY'S LEGAL WORK

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) 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 non-cash assistance	(h) Purpose of grant or assistance
BRIDGES SAFEHOUSE INC. PO BOX 1161 CEDAR HILL, TX 75106	75-2864224	501(C)(3)	15,000.	0.			PROGRAM: TRAUMA INFORMED PARENTING
BRIGHT FUTURE FOUNDATION FOR EAGLE COUNTY - PO BOX 2558 - AVON, CO 81620	84-0938374	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
BRIGHTER TOMORROWS, INC. 928 BLUEBIRD DR. IRVING, TX 75061-7305	75-2291809	501(C)(3)	30,000.	0.			PROGRAM: HEALTHY AND SAFETY
CAFE MOMENTUM 1510 PACIFIC AVE DALLAS, TX 75201-3505	32-0384561	501(C)(3)	52,500.	0.			GENERAL OPERATING SUPPORT
CATHOLIC CHARITIES DIOCESE OF FORT WORTH - 249 WEST THORNHILL DR - FORT WORTH, TX 76115	75-0808769	501(C)(3)	30,000.	0.			PROGRAM: PAUDA PROGRAM
CENTER FOR BOOKS ART INC 1974 28 WEST 27TH ST, 3RD FL NEW YORK, NY 10001	13-2842726	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
CENTER FOR NONPROFIT MANAGEMENT 2902 FLOYD ST DALLAS, TX 75204-5910	75-1366166	501(C)(3)	30,000.	0.			PROGRAM: CNM PACT AND OUTCOMES WORKSHOPS
CENTER FOR SURVIVORS OF TORTURE PO BOX 710515 DALLAS, TX 75371-0515	75-2872010	501(C)(3)	30,000.	0.			PROGRAM: EARLY INTERVENTION
CENTER FOR TRANSFORMING LIVES 512 W 4TH STREET FORT WORTH, TX 76102	75-0829389	501(C)(3)	25,000.	0.			PROGRAM: HOUSING STABILITY

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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CHILDCAREGROUP 1420 W MOCKINGBIRD LN STE 300 DALLAS, TX 75247	75-0800634	501(C)(3)	30,000.	0.			PROGRAM: NORTH TEXAS EARLY EDUCATION ALLIANCE (NTEEA) AND CHILDCARE ADVOCACY
CHILDREN'S ADVOCACY CENTER FOR NORTH TEXAS, INC. - 1854 CAIN DR - LEWISVILLE, TX 75077	75-2559765	501(C)(3)	15,000.	0.			MENTAL HEALTH SERVICES
CITY SQUARE 4000 E SIDE AVE DALLAS, TX 75226-1205	75-2332948	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
CITY YEAR INC. - DALLAS 1201 MAIN STREET SUITE 1300 DALLAS, TX 75202	22-2882549	501(C)(3)	25,000.	0.			PROGRAM: LEADERSHIP PROGRAMS IN THE DISD SCHOOLS
COLLIN COUNTY MOBILITY COLLABORATIVE LLC - PO BOX 861695 - PLANO, TX 75086-1695	38-4058250	501(C)(3)	40,425.	0.			PROGRAM: CCMC PURCHASE A VEHICLE
COMMUNITIES FOUNDATION OF TEXAS 5500 CARUTH HAVEN LANE DALLAS, TX 75225-8146	75-0964565	501(C)(3)	22,000.	0.			PROGRAM: STRONG WOMEN BETTER WORLD PRIZES
COMMUNITIES FOUNDATION OF TEXAS 5500 CARUTH HAVEN LANE DALLAS, TX 75225-8146	75-0964565	501(C)(3)	65,000.	0.			PROGRAM: PHILANTHROPY ADVOCATES
COMMUNITIES IN SCHOOLS OF NORTH TEXAS - PO BOX 295543 - LEWISVILLE, TX 75029-5543	75-2496426	501(C)(3)	7,500.	0.			PROGRAM: FAMILY ENGAGEMENT SPECIALIST (CFES)
THE COMPELLING WHY PO BOX 742463 DALLAS, TX 75374	27-3537158	501(C)(3)	5,500.	0.			PROGRAM: SUCCESS SESSION AND LEADERSHIP SERIES FOR LATINA STUDENTS

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THE COMPELLING WHY PO BOX 742463 DALLAS, TX 75374	27-3537158	501(C)(3)	22,000.	0.			PROGRAM: SUPPORT SUCCESS SESSIONS AND LEADERSHIP SERIES
CRISTO REY DALLAS HIGH SCHOOL INC. 1064 N. ST. AUGUSTINE DALLAS, TX 75217	46-3737066	501(C)(3)	10,000.	0.			PROGRAM: GROW THE GROVE
DALLAS AFTERSCHOOL NETWORK 3900 WILLOW ST, STE 110 DALLAS, TX 75226	76-0838983	501(C)(3)	400,000.	0.			PROGRAM: ADVANCE DALLAS COUNTY
DALLAS AFTERSCHOOL NETWORK 3900 WILLOW ST, STE 110 DALLAS, TX 75226	76-0838983	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
DALLAS AFTERSCHOOL NETWORK 3900 WILLOW ST, STE 110 DALLAS, TX 75226	76-0838983	501(C)(3)	15,000.	0.			PROGRAM: AFTERSCHOOL ACCESS MAP
DALLAS AREA RAPE CRISIS CENTER 2801 SWISS AVE. DALLAS, TX 75204-5925	26-1233346	501(C)(3)	30,000.	0.			PROGRAM: PROVIDE A PART TIME COUNSELOR ADDRESSING SPECIFIC NEEDS OF BLACK FEMALE SURVIVORS
DALLAS BLACK DANCE THEATRE PO BOX 131290 DALLAS, TX 75313-1290	75-1756215	501(C)(3)	250,500.	0.			GENERAL OPERATING SUPPORT
DALLAS BLACK DANCE THEATRE PO BOX 131290 DALLAS, TX 75313-1290	75-1756215	501(C)(3)	20,000.	0.			PROGRAM: SUPPORT SCHOLARSHIPS
DALLAS CHILDREN'S ADVOCACY CENTER 5351 SAMUELL BLVD DALLAS, TX 75228	75-2303404	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT

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DALLAS CHINESE COMMUNITY CENTER 400 N GREENVILLE AVE #12 RICHARDSON, TX 75081	75-2456463	501(C)(3)	15,000.	0.			PROGRAM: LIFE SKILLS, YOUTH LEADERSHIP, AND EQUITY AND INCLUSION EDUCATION
DALLAS CHRISTIAN WOMEN'S JOB CORPS, INC. - 2918 OATES DR. - DALLAS, TX 75228-3914	75-2924518	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
DALLAS FOUNDATION 3000 PEGASUS PARK DRIVE, #930 DALLAS, TX 75247	75-2890371	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
DALLAS HABITAT FOR HUMANITY 2800 N. HAMPTON RD. DALLAS, TX 75212-5029	75-2097161	501(C)(3)	250,000.	0.			GENERAL OPERATING SUPPORT
DALLAS HOLOCAUST MUSEUM 300 N. HOUSTON DALLAS, TX 75202	75-2113723	501(C)(3)	15,000.	0.			PROGRAM: COURAGE AND COMPASSION SPECIAL EXHIBIT
DALLAS SYMPHONY ASSOCIATION 2301 FLORA ST STE 300 DALLAS, TX 75201	75-0705442	501(C)(3)	15,000.	0.			PROGRAM: WOMEN IN CLASSICAL MUSIC INITIATIVE
DFW HUB CENTER FOR HEALTH 13630 COBBLESTONE DR FARMERS BRANCH, TX 75244	81-4122782	501(C)(3)	10,000.	0.			PROGRAM: BHUTANESE REFUGEE HEALTHCARE
DIA CENTER FOR THE ARTS INC. 3 BEEKMAN STREET BEACON, NY 12508	23-7397946	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
DOCUMENTARY ARTS, INC. PO BOX 140244 DALLAS, TX 75214	75-2076780	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT

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DOGWOOD CANYON AUDUBON CENTER 1206 WEST F.M. 1382 CEDAR HILL, TX 75104	13-1624102	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
EARL CARL INSTITUTE FOR LEGAL AND SOCIAL POLICY INC - 3100 CLEBURNE ST. - HOUSTON, TX 77004-4501	76-0385044	501(C)(3)	70,000.	0.			PROGRAM: ECI'S SUPPORT OF THE YOUNG WOMEN'S INITIATIVE
EDUCATIONAL FIRST STEPS 2815 GASTON AVE DALLAS, TX 75226	75-2334053	501(C)(3)	55,000.	0.			GENERAL OPERATING SUPPORT
FAMILY COMPASS (FORMERLY CHILD ABUSE PREVENTION CENTER) - 4210 JUNIUS ST - DALLAS, TX 75246	75-2400158	501(C)(3)	8,000.	0.			PROGRAM: GROWING AS PARENTS PROGRAM SERVING COLLIN COUNTY.
FAMILY GATEWAY, INC. 711 S. SAINT PAUL ST. DALLAS, TX 75201-6313	75-2105579	501(C)(3)	10,000.	0.			PROGRAM: ANNUAL FUND
FII-NATIONAL 663 13TH STREET, SUITE 200 OAKLAND, CA 94612	02-0784790	501(C)(3)	100,000.	0.			PROGRAM: FII-NATIONAL UP TOGETHER PARTNERSHIP
FII-NATIONAL 663 13TH STREET, SUITE 200 OAKLAND, CA 94612	02-0784790	501(C)(3)	30,000.	0.			PROGRAM: AMENDMENT TO ORIGINAL GRANT. FII-NATIONAL UP TOGETHER PARTNERSHIP
FIRST3YEARS 15851 DALLAS PARKWAY #106 ADDISON, TX 75001	75-2067421	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
FIRST3YEARS 15851 DALLAS PARKWAY #106 ADDISON, TX 75001	75-2067421	501(C)(3)	6,000.	0.			PROGRAM: EMPOWERING CAREGIVERS TO ADDRESS SOCIAL EMOTIONAL DEVELOPMENT IN INFANTS

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FOUNDATION FOR THE EDUCATION OF YOUNG WOMEN - 1722 ROUTH STREET - DALLAS, TX 75201	47-0902114	501(C)(3)	95,000.	0.			GENERAL OPERATING SUPPORT
FOUNDATION FOR THE EDUCATION OF YOUNG WOMEN - 1722 ROUTH STREET - DALLAS, TX 75201	47-0902114	501(C)(3)	7,000.	0.			PROGRAM: LISTEN, LEARN AND ACT PROGRAM
GENESIS WOMEN'S SHELTER 4411 LEMMON AVE. STE. 201 DALLAS, TX 75219-2389	75-1881365	501(C)(3)	20,000.	0.			PROGRAM: CLIENT LEGAL ASSISTANCE PROGRAM
GENESIS WOMEN'S SHELTER 4411 LEMMON AVE. STE. 201 DALLAS, TX 75219-2389	75-1881365	501(C)(3)	55,000.	0.			GENERAL OPERATING SUPPORT
GIRLS INCORPORATED OF METROPOLITAN DALLAS - 2040 EMPIRE CENTRAL - DALLAS, TX 75235-4304	75-1305705	501(C)(3)	26,000.	0.			GENERAL OPERATING SUPPORT
GOLF 3:16 P.O. BOX 5482 FRISCO, TX 75035	80-0741675	501(C)(3)	11,000.	0.			PROGRAM: RISK YOUTH, LEVERAGED THROUGH THE GAME OF GOLF.
GRACE LIKE RAIN 306 N. LOOP 288 STE. 112 DENTON, TX 76209-4952	75-2580088	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
GROUNDWORK DALLAS 3001 QUEBEC STREET STE 201 DALLAS, TX 75247	20-3398696	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
HARMONY COMMUNITY DEVELOPMENT CORPORATION - 6969 PASTOR BAILEY DR. STE. 110 - DALLAS, TX 75237-2633	26-1245799	501(C)(3)	25,000.	0.			PROGRAM: HARMONY FINANCIAL EMPOWERED PROGRAM (HFEP)

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HOCKADAY SCHOOL 11600 WELCH RD. DALLAS, TX 75229-2913	75-0800650	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
HOPE'S DOOR NEW BEGINNING CENTER 860 AVE F, SUITE 100 PLANO, TX 75074	75-2038796	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
HUMAN RIGHTS INITIATIVE OF NORTH TEXAS, INC. - 2801 SWISS AVE - DALLAS, TX 75204-5925	75-2848602	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
HUMAN RIGHTS INITIATIVE OF NORTH TEXAS, INC. - 2801 SWISS AVE - DALLAS, TX 75204-5925	75-2848602	501(C)(3)	30,000.	0.			PROGRAM: COUNSELING FOR IMMIGRANT WOMEN
IMMSCHOOLS 10419 TOLLOW WAY HELOTES, TX 78023	82-3350805	501(C)(3)	9,000.	0.			PROGRAM: EXPAND FAMILY CHATS TO MORE THAN 100 LATINX FAMILIES
INCLUSIVE COMMUNITIES PROJECT 3301 ELM ST DALLAS, TX 75226	75-2352462	501(C)(3)	180,000.	0.			GENERAL OPERATING SUPPORT
INTERNATIONAL RESCUE COMMITTEE INC 6500 GREENVILLE AVE STE 500 DALLAS, TX 75206-1022	13-5660870	501(C)(3)	15,000.	0.			PROGRAM: EXTENDED CASE MANAGER CASEWORK ASSISTANT
KNOX COLLEGE 2 E SOUTH ST BOX K 230 GALESBURG, IL 61401	37-0673513	501(C)(3)	25,000.	0.			PROGRAM: ANNUAL FUND
LIFT FUND (FORMERLY ACCION TEXAS) 2007 W MARTIN ST SAN ANTONIO, TX 78207-2630	74-2712770	501(C)(3)	7,000.	0.			PROGRAM: DFW WOMEN'S BUSINESS CENTER FOR LATINA AND OTHER ENTREPRENEURS OF COLOR

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LIFT FUND (FORMERLY ACCION TEXAS) 2007 W MARTIN ST SAN ANTONIO, TX 78207-2630	74-2712770	501(C)(3)	25,000.	0.			PROGRAM: EVA LONGORIA FUND
LITERACY ACHIEVES 4144 N. CENTRAL EXPRESSWAY SUITE 70 DALLAS, TX 75204-2134	75-2708992	501(C)(3)	7,000.	0.			PROGRAM: STAFF SALARIES FOR THE ADULT ENGLISH LITERACY AND LIFE SKILLS PROGRAM AT THE EAST
LITERACY ACHIEVES 4144 N. CENTRAL EXPRESSWAY SUITE 70 DALLAS, TX 75204-2134	75-2708992	501(C)(3)	15,000.	0.			PROGRAM: EDUCATIONAL PROGRAMING ADULT ENGLISH LITERACY, EARLY CHILDHOOD, AND STUDENT
LONE STAR JUSTICE ALLIANCE 3809 SOUTH 1ST STREET AUSTIN, TX 78704-7047	82-2345921	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
LOS BARRIOS UNIDOS COMMUNITY CLINIC - 7610 N STEMMONS FWY STE 690 - DALLAS, TX 75247	75-1378664	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
MEALS ON WHEELS COLLIN COUNTY 600 N TENNESSEE ST MCKINNEY, TX 75069	75-1544507	501(C)(3)	30,000.	0.			PROGRAM: EXPAND DELIVERY PROGRAM
MERCY STREET INC. 3801 HOLYSTONE ST DALLAS, TX 75212	45-0536344	501(C)(3)	15,000.	0.			PROGRAM: MERCY STREET MENTORING PROGRAM
METHODIST JUSTICE MINISTRY OF FIRST UNITED METHODIST CHURCH - 750 W 5TH ST - FORT WORTH, TX 76102	20-4204172	501(C)(3)	30,000.	0.			PROGRAM: LEGAL SERVICES
METHODIST RICHARDSON MEDICAL CENTER FOUNDATION C/O ABHOP - 2831 E PRESIDENT GEORGE BUSH TURNPIKE - RICHARDSON, TX 75082-3561	75-1788520	501(C)(3)	15,000.	0.			PROGRAM: ASIAN BREAST HEALTH OUTREACH PROJECT

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METHODIST RICHARDSON MEDICAL CENTER FOUNDATION C/O ABHOP - 2831 E PRESIDENT GEORGE BUSH TURNPIKE - RICHARDSON, TX 75082-3561	75-1788520	501(C)(3)	25,000.	0.			PROGRAM: TO EXPAND ABHOP PROGRAM
METRO DALLAS HOMELESS ALLIANCE 2816 SWISS AVE. DALLAS, TX 75204-5958	75-2461679	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT
MOMENTOUS INSTITUTE 106 EAST 10TH STREET DALLAS, TX 75203	75-1855620	501(C)(3)	100,000.	0.			PROGRAM: ALL ELEMENTS OF YOUR INNOVATION AND IMPACT INITIATIVES
MOMMIES IN NEED INC 2904 FLOYD STREET DALLAS, TX 75204	47-2248716	501(C)(3)	10,000.	0.			PROGRAM: ANNIE'S PLACE AT PARKLAND HOSPITAL
MOSAIC FAMILY SERVICES INC 4144 N. CENTRAL EXPY. #530 DALLAS, TX 75204	75-2484565	501(C)(3)	15,000.	0.			PROGRAM: SERVICES FOR ASIAN WOMEN AND CHILDREN SURVIVING FAMILY VIOLENCE OR HUMAN TRAFFICKING
MOSAIC FAMILY SERVICES INC 4144 N. CENTRAL EXPY. #530 DALLAS, TX 75204	75-2484565	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
MUSLIM AMERICAN LEADERSHIP ALLIANCE - 47 WEST DIVISION STREET #159 - CHICAGO, IL 60610	47-3812096	501(C)(3)	26,000.	0.			GENERAL OPERATING SUPPORT
NETWORK OF COMMUNITY MINISTRIES 741 S SHERMAN ST RICHARDSON, TX 75081	75-2060900	501(C)(3)	20,000.	0.			PROGRAM: MOBILE FOOD PANTRY OPERATIONS FOR THE COMING YEAR
NEW FRIENDS NEW LIFE P.O. BOX 192378 DALLAS, TX 75219-8518	75-2820473	501(C)(3)	5,565.	0.			GENERAL OPERATING SUPPORT

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NOMI NETWORK PO BOX 42 NEW YORK, NY 10156	80-0290896	501(C)(3)	25,000.	0.			PROGRAM: LETOT CENTER IN DALLAS
NORTH TEXAS ALLIANCE TO REDUCE TEEN PREGNANCY (NTARUPT) - 624 N. GOOD LATIMER EXPY. STE. 100 - DALLAS, TX 75204-5803	81-0733915	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
NORTH TEXAS ALLIANCE TO REDUCE TEEN PREGNANCY (NTARUPT) - 624 N. GOOD LATIMER EXPY. STE. 100 - DALLAS, TX 75204-5803	81-0733915	501(C)(3)	30,000.	0.			PROGRAM: MERGER TO EXPAND TEEN PREGNANCY EDUCATION.
NORTH TEXAS PUBLIC BROADCASTING INC - 3000 HARRY HINES BLVD - DALLAS, TX 75201	75-2084961	501(C)(3)	40,000.	0.			PROGRAM: ONE CRISIS AWAY DEBT SPRING SERIES
NORTH TEXAS PUBLIC BROADCASTING INC - 3000 HARRY HINES BLVD - DALLAS, TX 75201	75-2084961	501(C)(3)	15,000.	0.			PROGRAM: ONE CRISIS AWAY DEBT SPRING SERIES
NOTRE DAME OF DALLAS SCHOOLS INC. 2018 ALLEN STREET DALLAS, TX 75204	75-2056943	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
NURSE-FAMILY PARTNERSHIP 1900 GRANT STREET, FOURTH FLOOR DENVER, CO 80203	20-0234163	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
OUR FRIENDS PLACE 6500 GREENVILLE AVE STE 620 DALLAS, TX 75206-1023	75-2077719	501(C)(3)	86,130.	0.			GENERAL OPERATING SUPPORT
OUTCRY THEATER 1915 N CENTRAL EXPRESSWAY #120 PLANO, TX 75075	81-3537233	501(C)(3)	35,000.	0.			GENERAL OPERATING SUPPORT

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PEDIPLACE 502 S. OLD ORCHARD LN. STE. 126 LEWISVILLE, TX 75067-4374	75-2512752	501(C)(3)	15,000.	0.			PROGRAM: HEALTHCARE TO LOW INCOME INFANTS, CHILDREN AND YOUTH
PLANNED PARENTHOOD OF GREATER TEXAS, INC. - 7424 GREENVILLE AVE. STE. 206 - DALLAS, TX 75231-4534	52-1243220	501(C)(3)	35,000.	0.			GENERAL OPERATING SUPPORT
PLANNED PARENTHOOD OF GREATER TEXAS, INC. - 7424 GREENVILLE AVE. STE. 206 - DALLAS, TX 75231-4534	52-1243220	501(C)(3)	500,000.	0.			PROGRAM: TOGETHER NO MATTER WHAT CAPITAL CAMPAIGN
POETIC 6960 MERCY RD FRISCO, TX 75035	82-2526057	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
PROMISE HOUSE, INC. 224 W PAGE AVE DALLAS, TX 75208-6631	75-2180083	501(C)(3)	50,000.	0.			PROGRAM: SHELTER FOR HOMELESS YOUTH
PROMISE HOUSE, INC. 224 W PAGE AVE DALLAS, TX 75208-6631	75-2180083	501(C)(3)	10,000.	0.			PROGRAM: MATERNITY GROUP HOME PROGRAM (MGH)
RAPE CRISIS CENTER OF COLLIN COUNTY - PO BOX 866754 - PLANO, TX 75086-6754	75-2065785	501(C)(3)	30,000.	0.			PROGRAM: HEALTH AND SAFETY PROGRAM
READING PARTNERS 2007 RANDALL ST DALLAS, TX 75201-1500	77-0568469	501(C)(3)	20,000.	0.			PROGRAM: PROGRAM EXPANSION
RESOURCE CENTER OF DALLAS 6333 RICHMOND AVE. UNIT A DALLAS, TX 75214-3640	75-1892059	501(C)(3)	11,130.	0.			GENERAL OPERATING SUPPORT

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RESOURCE CENTER OF DALLAS 6333 RICHMOND AVE. UNIT A DALLAS, TX 75214-3640	75-1892059	501(C)(3)	30,000.	0.			PROGRAM: PROGRAM SUPPORT
SCHOLAR SHOT 2904 SWISS AVE DALLAS, TX 75204	27-0232250	501(C)(3)	70,000.	0.			GENERAL OPERATING SUPPORT
SENIOR CITIZENS OF GREATER DALLAS INC - 3910 HARRY HINES BLVD. - DALLAS, TX 75219-3204	75-1085555	501(C)(3)	10,000.	0.			PROGRAM: FOSTER GRANDPARENT & RSVP PROGRAM
SENIOR CITIZENS OF GREATER DALLAS INC - 3910 HARRY HINES BLVD. - DALLAS, TX 75219-3204	75-1085555	501(C)(3)	10,000.	0.			PROGRAM: SENIOR COMPANION PROGRAM
SENIOR CITIZENS OF GREATER DALLAS INC - 3910 HARRY HINES BLVD. - DALLAS, TX 75219-3204	75-1085555	501(C)(3)	30,000.	0.			PROGRAM: ELDER FINANCIAL SAFETY PROGRAM
SOUTHERN METHODIST UNIVERSITY PO BOX 750356 DALLAS, TX 75275-0356	75-0800689	501(C)(3)	14,999.	0.			PROGRAM: EVALUATION OF THE YOUNG WOMEN'S INITIATIVE PROGRAM IN HOUSTON
SOUTHERN METHODIST UNIVERSITY PO BOX 750356 DALLAS, TX 75275-0356	75-0800689	501(C)(3)	100,000.	0.			PROGRAM: ROBSON & LINDLEY AQUATICS CENTER PHASE II OUTDOOR POOL
SOUTHERN METHODIST UNIVERSITY PO BOX 750356 DALLAS, TX 75275-0356	75-0800689	501(C)(3)	241,798.	0.			PROGRAM: EVALUATION OF THE YOUNG WOMEN'S INITIATIVE PROGRAM IN DALLAS & HOUSTON
ST PHILIPS SCHOOL & COMMUNITY CENTER - 1600 PENNSYLVANIA AVE - DALLAS, TX 75215-3239	75-1097360	501(C)(3)	20,000.	0.			PROGRAM: EARLY CHILDHOOD PROGRAM

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) 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 non-cash assistance	(h) Purpose of grant or assistance
ST PHILIPS SCHOOL & COMMUNITY CENTER - 1600 PENNSYLVANIA AVE - DALLAS, TX 75215-3239	75-1097360	501(C)(3)	50,000.	0.			PROGRAM: EXPANSION OF MIDDLE SCHOOL GRADE PROGRAMMING AND SERVICES
SUSAN G. KOMEN BREAST CANCER FOUNDATION - 13770 NOEL RD, STE 801889 - DALLAS, TX 75380	75-1835298	501(C)(3)	30,000.	0.			PROGRAM: SCREENING AND DIAGNOSTIC ACCESS INITIATIVE.
TCU - NEELEY SCHOOL OF BUSINESS TCU BOX 298530 FORT WORTH, TX 76129	75-0827465	501(C)(3)	100,000.	0.			PROGRAM: TCU RICHARDS BARRENTINE VALUES AND VENTURES COMPETITION AT THE NEELEY SCHOOL OF
TCU - NEELEY SCHOOL OF BUSINESS TCU BOX 298530 FORT WORTH, TX 76129	75-0827465	501(C)(3)	10,000.	0.			PROGRAM: FRANCES LEHMANN AND CHRIS MILLER SCHOLARSHIP FUND AT TCU NEELEY SCHOOL OF
TEXAS APPLESEED 1609 SHOAL CREEK BLVD. STE. 201 AUSTIN, TX 78701-1022	74-2804268	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
TEXAS APPLESEED 1609 SHOAL CREEK BLVD. STE. 201 AUSTIN, TX 78701-1022	74-2804268	501(C)(3)	15,000.	0.			PROGRAM: FAIR FINANCIAL SERVICES PROJECT
TEXAS LOW INCOME HOUSING INFORMATION SERVICE - 1800 WEST 6TH STREET - AUSTIN, TX 78703	74-2499910	501(C)(3)	80,000.	0.			PROGRAM: TEXAS HOUSERS EVICTION & RENT ASSISTANCE NORTH TEXAS
TEXAS MUSLIM WOMENS FOUNDATION INC PO BOX 863388 PLANO, TX 75086	20-3060929	501(C)(3)	15,000.	0.			PROGRAM: PEACE IN THE HOME SOCIAL SERVICES PROGRAM
TEXAS MUSLIM WOMENS FOUNDATION INC PO BOX 863388 PLANO, TX 75086	20-3060929	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) 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 non-cash assistance	(h) Purpose of grant or assistance
TEXAS TRIBUNE INC. 919 CONGRESS AVENUE SUITE 600 AUSTIN, TX 78701-2158	26-4527097	501(C)(3)	15,000.	0.			PROGRAM: NONPARTISAN JOURNALISM, RAISING AWARENESS OF ISSUES FACING TEXAS WOMEN AND
THE GEMS CAMP 1408 N. RIVERFRONT BLVD. #249 DALLAS, TX 75207	46-3363376	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
THE KITCHEN SISTERS PRODUCTIONS 916 KEARNY SAN FRANCISCO, CA 94133	24-3369042	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
THE SALVATION ARMY OF NORTH TEXAS AREA COMMAND - PO BOX 36006 - DALLAS, TX 75237	58-0660607	501(C)(3)	30,000.	0.			PROGRAM: DIMON AND FIRST CHOICE PROGRAM AT MABEE CENTER.
THE WERTHING FOUNDATION PO BOX 795622 DALLAS, TX 75379	46-5662476	501(C)(3)	10,000.	0.			PROGRAM: GIRL POWER ACADEMY
THE WILKINSON CENTER PO BOX 720248 DALLAS, TX 75372-0248	75-2712117	501(C)(3)	10,000.	0.			PROGRAM: INTEGRATED EL CIVICS THAT TARGETS ESL
UNDER 1 ROOF 5787 S. HAMPTON RD SUITE 390 DALLAS, TX 75232	80-0765001	501(C)(3)	20,000.	0.			PROGRAM: UNRESTRICTED & INFRASTRUCTURE SUPPORT
UNICEF-US FUND 125 MAIDEN LANE, 11TH FLOOR NEW YORK, NY 10038	13-1760110	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
UNITED TO LEARN 3000 PEGASUS PARK DR, SUITE 940 DALLAS, TX 75247	82-2121965	501(C)(3)	50,000.	0.			PROGRAM: LEADERSHIP AND EDUCATION

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) 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 non-cash assistance	(h) Purpose of grant or assistance
VICKERY MEADOW YOUTH DEVELOPMENT FOUNDATION - 4809 COLE AVE. STE. 375 - DALLAS, TX 75205-3552	26-1199982	501(C)(3)	15,000.	0.			PROGRAM: EAGLE SCHOLAR MENTORS PROGRAM
VIOLA'S HOUSE 1819 MARTIN LUTHER KING JR. BLVD DALLAS, TX 75215-2806	46-3200741	501(C)(3)	8,000.	0.			PROGRAM: MATERNITY OUTREACH PROGRAM
WENDY HILLIARD GYMNASTICS FOUNDATION - 127 W. 127TH STREET - NEW YORK CITY, NY 10027	13-3879321	501(C)(3)	10,000.	0.			PROGRAM: IN HONOR OF JANET TALBERT
WENDY HILLIARD GYMNASTICS FOUNDATION - 127 W. 127TH STREET - NEW YORK CITY, NY 10027	13-3879321	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
WESLEY-RANKIN COMMUNITY CENTER 3100 CROSSMAN AVE DALLAS, TX 75212-3914	75-0808775	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
WOMEN IN NEED OF GENEROUS SUPPORT 2603 INWOOD RD. DALLAS, TX 75235-7423	75-0800699	501(C)(3)	50,000.	0.			PROGRAM: NURSE FAMILY PARTNERSHIP AND ECONOMIC ADVANCEMENT PROGRAMS
WOMEN IN NEED OF GENEROUS SUPPORT 2603 INWOOD RD. DALLAS, TX 75235-7423	75-0800699	501(C)(3)	30,000.	0.			PROGRAM: SUPPORT NURSE FAMILY PARTNERSHIP
WOMENS FUNDING NETWORK 505 SANSOME STREET 2ND FLOOR SAN FRANCISCO, CA 94111	41-1685134	501(C)(3)	10,000.	0.			PROGRAM: MAKER MEMBERSHIP.
YOUNG INVINCIBLES 401 BRANARD STREET, SUITE 116 HOUSTON, TX 77006	46-2214021	501(C)(3)	10,000.	0.			PROGRAM: ADVOCACY TRAININGS FOR YOUNG ADULTS AND ENCOURAGE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) 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 non-cash assistance	(h) Purpose of grant or assistance
ABILITY CONNECTION TEXAS 8802 HARRY HINES BLVD. DALLAS, TX 75235-1716	75-0875525	501(C)(3)	20,000.	0.			PROGRAM: DAILY REHABILITATION FOR THOSE WITH DISABILITIES
ALLIANCE FOR YOUTH ORGANIZING/ FISCAL SPONSOR FOR MOVE TEXAS - 14439 NW MILITARY HWY, SUITE 109-415 - SAN ANTONIO, TX 78231	46-2465621	501(C)(3)	10,000.	0.			PROGRAM: CURRENT AND FUTURE CIVIC EDUCATION
ANSWER ALS 2021 LAKESHORE DR., SUITE 304 NEW ORLEANS, LA 70122	47-1643994	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
AVANCE INC. 118 N MEDINA ST SAN ANTONIO, TX 78207	74-1769114	501(C)(3)	350,000.	0.			PROGRAM: FAMILY CHILD CARE EL PASO, SAN ANTONIO, DALLAS-FT. WORTH, AND LAREDO
BONTON FARMS 6911 BEXAR STREET DALLAS, TX 75215	81-3243887	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
DALLAS FOUNDATION/MARCH TO THE POLLS INC. - 3000 PEGASUS PARK DRIVE, STE. 930 - DALLAS, TX 75247	75-2890371	501(C)(3)	10,000.	0.			PROGRAM: HIGH SCHOOL VOTER ENGAGEMENT AND STUDENT VOTER EMPOWERMENT COALITIONS
EMPOWERING THE MASSES 429 BEARD DR CEDAR HILL, TX 75104	82-4300966	501(C)(3)	30,000.	0.			PROGRAM: JOB TRAINING
GENDERA V ENGER AT THE GIVING FUND, INC. - PO BOX 21044 - NEW YORK CITY, NY 10025-0018	04-3367888	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
GUARDIAN SCHOLARS 0056 EDWARDS VILLAGE BLVD. SUITE 20 EDWARDS, CO 81621	46-3044464	501(C)(3)	12,000.	0.			PROGRAM: GUARDIAN SCHOLARSHIP PROGRAM

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) 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 non-cash assistance	(h) Purpose of grant or assistance
HOPE FARM 865 E. RAMSLEY AVENUE FORT WORTH, TX 76104	75-2473753	501(C)(3)	15,000.	0.			PROGRAM: YOUNG MEN'S LEADERSHIP DEVELOPMENT
HUMANITARIAN OUTREACH FOR MIGRANT EMOTIONAL HEALTH (H.O.M.E.) - 3612 CHRISTOPHER LN - RICHARDSON, TX 75082	85-3614204	501(C)(3)	20,000.	0.			PROGRAM: SUPPORT FOR ASYLUM SEEKERS
MAURICE BARNETT GERIATRIC WELLNESS CENTER INC. - 401 W 16TH ST - PLANO, TX 75075-7006	75-1839305	501(C)(3)	10,000.	0.			PROGRAM: HEALTH CARE SERVICES FOR ASIAN WOMEN SENIORS IN LOW INCOME COLLIN COUNTY
NEW HOPE HOUSING, INC. 3315 HARRISBURG BLVD., SUITE 400 HOUSTON, TX 77033	73-1419279	501(C)(3)	60,000.	0.			PROGRAM: RESIDENT SERVICE PROGRAM AT REED
PEOPLEFUND 2921 E 17TH ST BLDG D STE 1 AUSTIN, TX 78702	74-2814572	501(C)(3)	25,000.	0.			PROGRAM: CAPITAL FOR WOMEN FUND
REGISTER2VOTE FUND 21750 HARDY OAK BLVD. STE 104, PMB1 SAN ANTONIO, TX 78258	84-2487707	501(C)(3)	10,000.	0.			PROGRAM: SOUTH ASIAN AMERICAN VOTER EMPOWERMENT (SAAVETX)
RICHARDSON ADULT LITERACY CENTER PO BOX 835936 RICHARDSON, TX 75083	75-2337073	501(C)(3)	10,000.	0.			PROGRAM: SEC- ESL AND WORKFORCE READINESS PROGRAMS IN NORTHERN DALLAS COUNTY
TARRANT COUNTY ACADEMY OF MEDICINE 555 HEMPHILL ST FORT WORTH, TX 76104	75-1008434	501(C)(3)	10,000.	0.			PROGRAM: WOMEN'S HEALTH PROGRAM
TEXAS BUSINESS HALL OF FAME FOUNDATION - 675 BERING DRIVE, SUITE 200 - HOUSTON, TX 77057	75-1842638	501(C)(3)	15,000.	0.			PROGRAM: LUCY BILLINGSLEY FUTURE BUSINESS AWARD AT SMU

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) 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 non-cash assistance	(h) Purpose of grant or assistance
THE WOMEN'S FUND FOR HEALTH EDUCATION AND RESEARCH - 5433 WESTHEIMER RD, SUITE 924 - HOUSTON, TX 77056	74-2013710	501(C)(3)	10,000.	0.			PROGRAM: DEVELOP THE YOUNG WOMEN'S HEALTH EDUCATION PILOT PROJECT
UNIVERSITY OF ARKANSAS FOUNDATION, INC. - GIFT SERVICES, ADMIN 210 1 UNIVERSITY OF ARKANSAS - FAYETTEVILLE, AR 72701	71-6056774	501(C)(3)	50,000.	0.			PROGRAM: ENDOWED SCHOLARSHIP DEPARTMENT OF STRATEGY, ENTREPRENEURSHIP &
UNIVERSITY OF TEXAS AUSTIN - LBJ SCHOOL OF PUBLIC AFFAIRS - ATTN: LBJ WOMEN'S CAMPAIGN SCHOOL P.O. BOX Y - AUSTIN, TX 78713-8925	74-6000203	501(C)(3)	10,000.	0.			PROGRAM: WOMEN'S CAMPAIGN SCHOOL'S FOURTH COHORT
UNIVERSITY OF WASHINGTON FOUNDATION - PO BOX 359505 - SEATTLE, WA 98195	94-3079432	501(C)(3)	14,200.	0.			PROGRAM: FRIENDS OF ECONOMICS FUND
YOUTH REVIVE INC. 1808 S GOOD LATIMER EXPY DALLAS, TX 75226	46-4680632	501(C)(3)	10,000.	0.			PROGRAM: YOUTH REVIVE'S 12 WEEK IGNITE ME ACTION CIVICS
YWCA HOUSTON 6309 MARTIN LUTHER KING JR BLVD HOUSTON, TX 77021	74-1109658	501(C)(3)	100,000.	0.			PROGRAM: SUPPORTIVE HOUSING AND WRAP AROUND SERVICES.

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

THE FOUNDATION ENSURES THAT GRANTEE ORGANIZATIONS MAINTAIN THEIR 501(C)  
 ELIGIBILITY AND CONTINUE TO OPERATE THEIR ORGANIZATIONS IN A MANNER THAT  
 ADVANCES THE OBJECTIVES OF THE TEXAS WOMEN'S FOUNDATION. ADDITIONALLY, AS A  
 CONDITION OF FUNDING, AND AS OUTLINED IN THE GRANT AGREEMENT, THE  
 FOUNDATION REQUIRES GRANT RECIPIENTS TO PROVIDE A FINAL WRITTEN REPORT AT  
 THE CONCLUSION OF THE GRANT, DOCUMENTING THE USE OF FUNDS AS WELL AS  
 PROJECT OUTCOMES. REQUIREMENTS MAY VARY AND ARE DETERMINED BASED ON THE  
 INDIVIDUAL SIZE, SCOPE AND SOURCE OF EACH GRANT.

**Part IV** Supplemental Information

GRANTS TO INDIVIDUALS - ONE WAY THAT TEXAS WOMEN'S FOUNDATION ADDRESSES THE CORE, STRUCTURAL ISSUES FACING YOUNG WOMEN OF COLOR IS THROUGH ITS YOUNG WOMEN'S INITIATIVE, WHICH HAS THE YOUNG WOMEN'S ADVISORY COUNCIL AT THE HEART OF ITS WORK. THE COUNCIL IS COMPOSED OF YOUNG WOMEN OF COLOR BETWEEN 17 AND 24 YEARS OLD. A VOLUNTEER GRANTMAKING SUBCOMMITTEE FROM THE COUNCIL MET TO DESIGN THE APPLICATION; DETERMINE THE BEST OUTREACH EFFORTS FOR POTENTIAL APPLICANTS; REVIEW APPLICATIONS; CONDUCT INTERVIEWS AS NEEDED; AND DETERMINE GRANT RECIPIENTS. NON-PROFITS WERE INVITED TO APPLY, WHILE THE MICRO-GRANT APPLICATION WAS OPEN TO THE PUBLIC. THE SAME PROCESS WAS USED FOR BOTH TYPES OF GRANTS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: FIRST3YEARS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM: EMPOWERING CAREGIVERS TO ADDRESS SOCIAL EMOTIONAL DEVELOPMENT IN INFANTS AND TODDLERS

NAME OF ORGANIZATION OR GOVERNMENT: LITERACY ACHIEVES

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM: STAFF SALARIES FOR THE ADULT ENGLISH LITERACY AND LIFE SKILLS PROGRAM AT THE EAST DALLAS AND WEST DALLAS CAMPUSES.

NAME OF ORGANIZATION OR GOVERNMENT: LITERACY ACHIEVES

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM: EDUCATIONAL PROGRAMING ADULT ENGLISH LITERACY, EARLY CHILDHOOD, AND STUDENT SUPPORT VICKERY MEADOW NEIGHBORHOOD

NAME OF ORGANIZATION OR GOVERNMENT: SER JOBS FOR PROGRESS NATIONAL INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM: SER STEM WHICH PROVIDES

**Part IV** Supplemental Information

GIRLS WITH OPPORTUNITIES TO LEARN HOW TO BUILD A ROBOT AND  
ENTERCOMPETITIONS

NAME OF ORGANIZATION OR GOVERNMENT: TCU - NEELEY SCHOOL OF BUSINESS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM: TCU RICHARDS BARRENTINE  
VALUES AND VENTURES COMPETITION AT THE NEELEY SCHOOL OF BUSINESS

NAME OF ORGANIZATION OR GOVERNMENT: TCU - NEELEY SCHOOL OF BUSINESS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM: FRANCES LEHMANN AND CHRIS  
MILLER SCHOLARSHIP FUND AT TCU NEELEY SCHOOL OF BUSINESS.

NAME OF ORGANIZATION OR GOVERNMENT: TEXAS TRIBUNE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM: NONPARTISAN JOURNALISM,  
RAISING AWARENESS OF ISSUES FACING TEXAS WOMEN AND FAMILIERS.

NAME OF ORGANIZATION OR GOVERNMENT:

WORLD AFFAIRS COUNCIL OF DALLAS/FT WORTH

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM: LECTURE "REPRESENTATION,  
DIVERSITY, & INCLUSION IN FOREIGN AFFAIRS" BY SHALONDA SPENCER

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF ARKANSAS FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM: ENDOWED SCHOLARSHIP  
DEPARTMENT OF STRATEGY, ENTREPRENEURSHIP & INNOVATION UNIVERSITY OF  
ARKANSAS

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **TEXAS WOMEN'S FOUNDATION**  
 Employer identification number: **75-2048261**

**Part I Questions Regarding Compensation**

**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.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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 .....
- 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? .....

**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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**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:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- 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 .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021



**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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROSLYN DAWSON THOMPSON PRESIDENT & CEO (THRU MARCH 2022)	(i)	287,958.	116,294.	762.	18,193.	7,602.	430,809.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DENA JACKSON COO	(i)	207,694.	46,550.	258.	13,068.	9,672.	277,242.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAWN HOOPER VP - FINANCE & OPERATIONS / CFO	(i)	169,974.	33,178.	258.	8,199.	7,602.	219,211.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ASHLEY HARRIS VP - DEVELOPMENT	(i)	151,602.	29,081.	138.	7,566.	11,563.	199,950.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LISA DE LA GARZA VP - PROGRAMS	(i)	121,386.	22,512.	116.	5,946.	8,132.	158,092.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ASHLEY LINDSAY ASSOCIATE VP - ANNUAL GIVING	(i)	119,121.	20,745.	54.	5,744.	6,113.	151,777.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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 1A:**

ALL EMPLOYEES CAN EXPENSE \$120/YEAR FOR HEALTH CLUB DUES. THE CEO HAS A FUND FOR DISCRETIONARY GRANTING, BUT NOT GENERAL EXPENSES OTHER THAN REGULAR BUDGETING.

**PART I, LINE 7:**

BONUSES ARE AWARDED FOR MEETING ORGANIZATIONAL GOALS. THE BONUSES ARE APPROVED BY THE PRESIDENT AND CEO AND THE COMPENSATION COMMITTEE OF THE BOARD. IN ADDITION, AT THE BEGINNING OF THE COVID PANDEMIC, ALL EMPLOYEES TOOK A PAY CUT. BECAUSE OF GREAT SUPPORT FROM THE COMMUNITY, THE FOUNDATION WAS ABLE TO BONUS BACK THE MISSED WAGES FROM THE PAY CUT. SOME EMPLOYEES ALSO RECEIVED A BONUS FOR MISSED MERIT INCREASES THAT WERE PUT ON HOLD FOR COVID. THESE MERIT INCREASES WERE NOT TIED TO ACHIEVING REVENUE GOALS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **TEXAS WOMEN'S FOUNDATION** Employer identification number **75-2048261**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	11	653,474.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( TICKETS )	X	2	49,500.	FMV
26 Other ▶ ( MEAL )	X	1	410.	FMV
27 Other ▶ ( FEMININE PROD )	X	1	354.	FMV
28 Other ▶ ( CHROMEBOOK )	X	1	300.	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... 29 0

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? ..... 30a
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? ..... 31
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? ..... 32a
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2021

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Lined area for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

TEXAS WOMEN'S FOUNDATION

Employer identification number

75-2048261

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OF ISSUES, OUR ADVOCACY STRATEGIES AND, ULTIMATELY, THE FINANCIAL AND  
HUMAN RESOURCES WE INVEST WITH OUR COMMUNITY PARTNERS. DURING THE YEAR  
ENDED JUNE 30, 2022, TEXAS WOMEN'S FOUNDATION'S INVESTED \$4.5 MILLION  
IN ECONOMIC SECURITY GRANTS, RESEARCH AND PROGRAMS THAT IMPACTED WOMEN  
AND GIRLS ACROSS TEXAS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

TEXAS WOMEN'S FOUNDATION INVESTED \$1.7 MILLION IN EMPOWERING WOMEN'S  
PHILANTHROPY INCLUDING GRANTS FROM DONOR ADVISED FUNDS AND GIVING  
CIRCLES NOT ADDRESSING ECONOMIC SECURITY OR LEADERSHIP INITIATIVES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER MISSION EXPENSES INCLUDE GENERAL PROGRAM EXPENSES AND GRANTS THAT  
DO NOT FIT INTO THE OTHER CATEGORIES.  
EXPENSES \$ 569,377. INCLUDING GRANTS OF \$ 15,505. REVENUE \$ 0.

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

THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND SUBJECT TO  
REVIEW BY THE FOUNDATION'S BOARD OF DIRECTORS. THE FORM 990 IS REVIEWED  
PRIOR TO FILING FOR COMPLETENESS, ACCURACY OF DISCLOSURES AND FINANCIAL  
DATA.

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

THE TEXAS WOMEN'S FOUNDATION HAS A CONFLICT OF INTEREST POLICY IN PLACE.  
ANNUALLY, FORMS ARE DISTRIBUTED TO ALL BOARD MEMBERS FOR SIGNATURE AND

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

Schedule O (Form 990) 2021

Name of the organization <b>TEXAS WOMEN'S FOUNDATION</b>	Employer identification number <b>75-2048261</b>
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COLLECTION. IN ADDITION, BOARD MEMBERS ARE ASKED TO DISCLOSE ANY CONFLICTS OF INTEREST FOR EVERY GRANT VOTE. SHOULD A CONFLICT OF INTEREST ARISE, THAT INDIVIDUAL IS NOT ALLOWED TO VOTE ON THE MATTER INVOLVED.

FORM 990, PART VI, SECTION B, LINE 15A:

THE FOUNDATION EVALUATES THE PROPRIETY OF EXECUTIVE COMPENSATION, WHICH IS SET BY INDEPENDENT PERSONS, IN RELATION TO THEIR PERFORMANCE, AS WELL AS IN RELATION TO COMPENSATION PAID BY ORGANIZATIONS OF SIMILAR SCOPE AND ACTIVITIES.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE MOST RECENT FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF BENEFICIAL INTEREST	-223,780.
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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

TEXAS WOMEN'S FOUNDATION

Employer identification number

75-2048261

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2021

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
	CHARITABLE REMAINDER								
CHARITABLE REMAINDER TRUSTS (1)	TRUST	TX	N/A	TRUST	N/A	N/A	N/A		X



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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

