

PUBLIC DISCLOSURE COPY

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 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.

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.

Type or print	Name of exempt organization or other filer, see instructions. TEXAS WOMEN'S FOUNDATION	Taxpayer identification number (TIN) 75-2048261
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. 8150 NORTH CENTRAL EXPY, 110	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DALLAS, TX 75206	

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		

KAREN HUGHES WHITE

- 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, 2024**, 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, 2022**, and ending **JUN 30, 2023**.

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	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.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

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

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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

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	C Name of organization TEXAS WOMEN'S FOUNDATION		D Employer identification number 75-2048261
	Doing business as		E Telephone number 214-525-5320
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	8150 NORTH CENTRAL EXPY	110	G Gross receipts \$ 12,131,512.
	City or town, state or province, country, and ZIP or foreign postal code DALLAS, TX 75206		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: KAREN HUGHES WHITE SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I 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		If "No," attach a list. See instructions	
J Website: WWW.TXWF.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1985	M State of legal domicile: TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TEXAS WOMEN'S FOUNDATION INVESTS IN THE POWER OF WOMEN AND GIRLS TO DRIVE POSITIVE CHANGE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	40
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	40
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	36
	6 Total number of volunteers (estimate if necessary)	6	78
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,545,562.	7,447,763.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	505,579.	428,079.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,323,365.	1,074,547.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	68,652.	-450,957.
		8,443,158.	8,499,432.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,081,183.	4,949,430.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,067,083.	3,113,994.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	1,044,175.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,090,339.	2,435,787.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,238,605.	10,499,211.	
19 Revenue less expenses. Subtract line 18 from line 12	-2,795,447.	-1,999,779.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	33,197,240.	32,150,426.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,004,076.	3,149,955.
		30,193,164.	29,000,471.

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.

Sign Here	Signature of officer		Date		
	KAREN HUGHES WHITE, PRESIDENT AND CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	STEVEN TALBOT	STEVEN TALBOT	05/10/24		P01695427
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	MOSS ADAMS LLP	91-0189318		505-878-7200	
	Firm's address				
	6565 AMERICAS PARKWAY NE STE 600 ALBUQUERQUE, NM 87110				

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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,552,231. including grants of \$ 3,216,880.) (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 \$ 1,952,678. including grants of \$ 1,072,913.) (Revenue \$ 428,079.) 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, 2023, TEXAS WOMEN'S FOUNDATION INVESTED MORE THAN \$1.9 MILLION IN LEADERSHIP GRANTS AND PROGRAMS IMPACTING WOMEN AND GIRLS ACROSS TEXAS.

4c (Code:) (Expenses \$ 617,077. including grants of \$ 473,327.) (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, 2023,

4d Other program services (Describe on Schedule O.) (Expenses \$ 990,178. including grants of \$ 186,310.) (Revenue \$)

4e Total program service expenses 7,112,164.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 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
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 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
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 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	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a 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 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
c 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
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a 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 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
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 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	
19 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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a 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 A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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
33 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
34 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	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
36 Section 501(c)(3) organizations. 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
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c 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)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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
1a	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 40		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 40		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

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
KAREN HUGHES WHITE - 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - 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) MICHELYNN WOODARD PRESIDENT/CEO (THROUGH MARCH 2023)	45.00			X				259,937.	0.	7,299.
(2) DENA JACKSON COO	45.00			X				218,213.	0.	24,755.
(3) DAWN HOOPER VP - FINANCE & OPERATIONS / CFO	45.00			X				179,186.	0.	17,048.
(4) ASHLEY HARRIS VP - DEVELOPMENT	45.00					X		167,351.	0.	14,264.
(5) ASHLEY LINDSAY, ASSOCIATE VP - ANNUAL GIVING (THROUGH MAY 2023)	45.00					X		145,217.	0.	12,325.
(6) LISA DE LA GARZA VP - PROGRAMS	45.00					X		131,991.	0.	14,028.
(7) MARY VALADEZ ASSOCIATE VP - PROGRAMS	45.00					X		106,905.	0.	14,639.
(8) HILDA C. GALVAN BOARD CHAIR	4.00	X		X				0.	0.	0.
(9) CARRIE F. PARSONS CHAIR ELECT	4.00	X		X				0.	0.	0.
(10) MELISSA ORTH FINANCE CHAIR	4.00	X		X				0.	0.	0.
(11) LAURA S. NIETO SECRETARY	4.00	X		X				0.	0.	0.
(12) SARA G. DURAN GOVERNANCE CHAIR	4.00	X						0.	0.	0.
(13) GOWRI N. SHARMA PROGRAMS CHAIR	4.00	X						0.	0.	0.
(14) SAMANTHA DWINELL INVESTMENT ADVISORY CHAIR	4.00	X						0.	0.	0.
(15) HOLLY REED ADVOCACY CHAIR	4.00	X						0.	0.	0.
(16) CONSTANCE K. BABIKIAN BOARD DIRECTOR	2.00	X						0.	0.	0.
(17) AVERY BELYEU BOARD DIRECTOR	2.00	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) V. BONNER ALLEN BOARD DIRECTOR	2.00	X						0.	0.	0.
(19) VEREE H. BROWN BOARD DIRECTOR	2.00	X						0.	0.	0.
(20) CHRYSTA CASTANEDA BOARD DIRECTOR	2.00	X						0.	0.	0.
(21) BONNIE CLINTON MEMBER AT LARGE	2.00	X						0.	0.	0.
(22) DARCY L. COWELL BOARD DIRECTOR	2.00	X						0.	0.	0.
(23) EFFIE B. DENNISON BOARD DIRECTOR	2.00	X						0.	0.	0.
(24) STACEY DORE BOARD DIRECTOR	2.00	X						0.	0.	0.
(25) JANA ETHERIDGE BOARD DIRECTOR	2.00	X						0.	0.	0.
(26) SAKINA R. FOSTER BOARD DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								1,208,800.	0.	104,358.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,208,800.	0.	104,358.

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 former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	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? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CICERO RESEARCH, LLC, 35 N. RIO GRANDE STREET, SALT LAKE CITY, UT 84101	STRATEGIC PLANNING	225,700.
MARSHA CLARK & ASSOCIATES 6867 LIVORNO LANE, FRISCO, TX 75034	WOMEN'S LEADERSHIP PROGRAM FACILITATION	210,250.
WASHINGTON SPEAKERS BUREAU, INC. 1663 PRINCE STREET, ALEXANDRIA, VA 22314	SPEAKER	156,887.
HILTON ANATOLE 2201 STEMMONS FREEWAY, DALLAS, TX 75207	LUNCHEON EVENT SPACE	140,507.

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 4

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) HATTIE HILL BOARD DIRECTOR	2.00	X						0.	0.	0.
(28) DEBRA H. JOHNSON, ESQ MEMBER AT LARGE	2.00	X						0.	0.	0.
(29) KERI A. KAISER BOARD DIRECTOR	2.00	X						0.	0.	0.
(30) SARA MADSEN MILLER BOARD DIRECTOR (THRU APRIL 2023)	2.00	X						0.	0.	0.
(31) CYNTHIA G. MARSHALL MEMBER AT LARGE	2.00	X						0.	0.	0.
(32) LAURA MAXWELL BOARD DIRECTOR	2.00	X						0.	0.	0.
(33) PATRICIA L. MILLER BOARD DIRECTOR	2.00	X						0.	0.	0.
(34) SARAH K. MILLER BOARD DIRECTOR	2.00	X						0.	0.	0.
(35) NEENA NEWBERRY MEMBER AT LARGE	2.00	X						0.	0.	0.
(36) GWEN A. PARKER BOARD DIRECTOR	2.00	X						0.	0.	0.
(37) ELIZABETH C. PHILLIPS BOARD DIRECTOR	2.00	X						0.	0.	0.
(38) JULIE RAMIREZ BOARD DIRECTOR	2.00	X						0.	0.	0.
(39) PRIYA RATHOD BOARD DIRECTOR	2.00	X						0.	0.	0.
(40) DEBBIE ROLLINS BOARD DIRECTOR	2.00	X						0.	0.	0.
(41) SARAH R. SALDANA BOARD DIRECTOR	2.00	X						0.	0.	0.
(42) ZEENAT SIDI BOARD DIRECTOR	2.00	X						0.	0.	0.
(43) LISSA SMITH BOARD DIRECTOR	2.00	X						0.	0.	0.
(44) CHARMAINE TANG BOARD DIRECTOR	2.00	X						0.	0.	0.
(45) SHANNON M. TEICHER BOARD DIRECTOR	2.00	X						0.	0.	0.
(46) SHANNON S. THOMPSON BOARD DIRECTOR	2.00	X						0.	0.	0.
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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,260,647.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	6,187,116.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 170,561.				
	h Total. Add lines 1a-1f			7,447,763.			
Program Service Revenue	2 a PROGRAM REVENUE	Business Code					
		900099	428,079.	428,079.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			428,079.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		609,593.			609,593.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	3,465,117.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	3,000,163.				
	c Gain or (loss)	7c	464,954.				
	d Net gain or (loss)			464,954.		464,954.	
8 a Gross income from fundraising events (not including \$ 1,260,647. of contributions reported on line 1c). See Part IV, line 18	8a		170,925.				
			631,917.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-460,992.		-460,992.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue	900099	10,035.			10,035.	
	e Total. Add lines 11a-11d			10,035.			
12 Total revenue. See instructions			8,499,432.	428,079.	0.	623,590.	

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 ...	4,949,430.	4,949,430.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	857,747.	248,541.	505,477.	103,729.
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	1,853,670.	689,139.	673,083.	491,448.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	50,429.	20,850.	20,860.	8,719.
9 Other employee benefits	161,769.	67,253.	55,510.	39,006.
10 Payroll taxes	190,379.	58,923.	82,513.	48,943.
11 Fees for services (nonemployees):				
a Management				
b Legal	60,285.	3,350.	56,935.	
c Accounting	55,550.		55,550.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	187,188.		187,188.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	898,589.	453,163.	334,454.	110,972.
12 Advertising and promotion	49,121.	36,078.	3,715.	9,328.
13 Office expenses	138,440.	77,196.	35,004.	26,240.
14 Information technology	233,398.	110,920.	58,416.	64,062.
15 Royalties				
16 Occupancy	157,088.	62,430.	55,086.	39,572.
17 Travel	76,485.	54,224.	9,509.	12,752.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	38,808.	19,257.	12,949.	6,602.
20 Interest	20,966.		20,966.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	57,579.	22,883.	20,191.	14,505.
23 Insurance	31,585.	6,701.	24,884.	
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 OTHER EVENT EXPENSES	117,753.	91,061.	5,951.	20,741.
b PEO FEES	71,163.	28,736.	26,708.	15,719.
c IN KIND GOODS	68,830.	45,813.	3,516.	19,501.
d BAD DEBT EXPENSE	61,025.		61,025.	
e All other expenses	111,934.	66,216.	33,382.	12,336.
25 Total functional expenses. Add lines 1 through 24e	10,499,211.	7,112,164.	2,342,872.	1,044,175.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash - non-interest-bearing	3,870,316.	1	2,532,288.
	2 Savings and temporary cash investments	1,959,498.	2	2,246,743.
	3 Pledges and grants receivable, net	343,011.	3	613,328.
	4 Accounts receivable, net	251,597.	4	243,450.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,212.	8	
	9 Prepaid expenses and deferred charges	94,581.	9	64,077.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 453,853.		
	b Less: accumulated depreciation	10b 162,535.	176,217.	10c 291,318.
	11 Investments - publicly traded securities	23,744,923.	11	23,460,376.
	12 Investments - other securities. See Part IV, line 11	844,070.	12	963,672.
	13 Investments - program-related. See Part IV, line 11	150,000.	13	150,000.
	14 Intangible assets	18,400.	14	4,600.
	15 Other assets. See Part IV, line 11	1,740,415.	15	1,580,574.
16 Total assets. Add lines 1 through 15 (must equal line 33)	33,197,240.	16	32,150,426.	
Liabilities	17 Accounts payable and accrued expenses	467,866.	17	349,590.
	18 Grants payable	1,250,751.	18	446,161.
	19 Deferred revenue	505,729.	19	172,250.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	502,466.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	779,730.	25	1,679,488.
	26 Total liabilities. Add lines 17 through 25	3,004,076.	26	3,149,955.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	13,908,223.	27	12,706,409.
	28 Net assets with donor restrictions	16,284,941.	28	16,294,062.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	30,193,164.	32	29,000,471.
33 Total liabilities and net assets/fund balances	33,197,240.	33	32,150,426.	

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	8,499,432.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,499,211.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,999,779.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30,193,164.
5	Net unrealized gains (losses) on investments	5	848,554.
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	-41,468.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	29,000,471.

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? _____ 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		X
b	Were the organization's financial statements audited by an independent accountant? _____ 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	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		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 (2022)

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

2022

Open to Public Inspection

Name of the organization TEXAS WOMEN ' S FOUNDATION	Employer identification number 75-2048261
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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).** (Attach Schedule E (Form 990).)
- 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).** Enter the hospital's name, city, and state: _____
- 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).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 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 (see instructions). Enter the name, city, and state of the college or university: _____
- 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, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - 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
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8218229.	16829973.	7667678.	6545562.	7447763.	46709205.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8218229.	16829973.	7667678.	6545562.	7447763.	46709205.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						11412203.
6 Public support. Subtract line 5 from line 4.						35297002.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	8218229.	16829973.	7667678.	6545562.	7447763.	46709205.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	612,066.	688,701.	669,252.	544,353.	609,593.	3123965.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		2,500.	2,199.	2,216.	10,035.	16,950.
11 Total support. Add lines 7 through 10						49850120.
12 Gross receipts from related activities, etc. (see instructions)					12	2,852,783.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	70.81 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	71.89 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. 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 stop here. 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 10% -facts-and-circumstances test - 2021. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. 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

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the 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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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 A family member of a person described on line 11a above?		
c 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>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 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?		
2 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>		
3 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>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a 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>			
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>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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 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>			
2a			
2b			
3a			
3b			

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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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	Distributable Amount. 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
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

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 for the latest information.

OMB No. 1545-0047

2022

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 TEXAS WOMEN ' S FOUNDATION	Employer identification number 75-2048261
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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
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <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.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>375,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>325,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <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.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>225,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TEXAS WOMEN ' S FOUNDATION	Employer identification number 75-2048261
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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
7	<hr/> <hr/> <hr/>	\$ <u>152,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TEXAS WOMEN ' S FOUNDATION	Employer identification number 75-2048261
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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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization TEXAS WOMEN ' S FOUNDATION	Employer identification number 75-2048261
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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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
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

2022

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 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

TEXAS WOMEN'S FOUNDATION

Employer identification number

75-2048261

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.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0.													
c	Total lobbying expenditures (add lines 1a and 1b)	0.													
d	Other exempt purpose expenditures	9,455,036.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	9,455,036.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	622,752.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	155,688.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	710,018.	877,084.	682,819.	622,752.	2,892,673.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,339,010.
c Total lobbying expenditures	676.	941.			1,617.
d Grassroots nontaxable amount	177,505.	219,271.	170,705.	155,688.	723,169.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,084,754.
f Grassroots lobbying expenditures	676.	941.			1,617.

Schedule C (Form 990) 2022

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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

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."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 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 expenditures next year?	4
5 Taxable amount of lobbying and political expenditures. See instructions	5

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.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

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	49	
2 Aggregate value of contributions to (during year)	508,250.	
3 Aggregate value of grants from (during year)	1,607,371.	
4 Aggregate value at end of year	8,221,557.	
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 July 25, 2006, 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? Yes No

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)? Yes No

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) 2022

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	15,029,934.	16,636,725.	13,697,998.	13,468,639.	13,509,173.
b Contributions	52,781.	1,058,877.	246,465.	383,808.	400,517.
c Net investment earnings, gains, and losses	1,123,311.	-2,026,477.	3,475,023.	366,682.	100,408.
d Grants or scholarships	363,730.	337,710.	320,567.	521,131.	541,459.
e Other expenditures for facilities and programs	356,280.	187,831.	362,460.		
f Administrative expenses	110,521.	113,650.	99,734.		
g End of year balance	15,375,495.	15,029,934.	16,636,725.	13,697,998.	13,468,639.

- 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 70.0000 %
 - c Term endowment 18.0000 %
- 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?
- 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		453,853.	162,535.	291,318.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				291,318.

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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, 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)		
Total. (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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) LEASE LIABILITY	647,410.
(3) CASH HELD ON BEHALF OF OTHER ORGS	1,032,078.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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.

1	Total revenue, gains, and other support per audited financial statements		1	9,109,459.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	848,554.	
b	Donated services and use of facilities	2b	51,154.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-41,468.	
e	Add lines 2a through 2d	2e		858,240.
3	Subtract line 2e from line 1	3		8,251,219.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	187,188.	
b	Other (Describe in Part XIII.)	4b	61,025.	
c	Add lines 4a and 4b	4c		248,213.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		8,499,432.

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.

1	Total expenses and losses per audited financial statements		1	10,302,152.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	51,154.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		51,154.
3	Subtract line 2e from line 1	3		10,250,998.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	187,188.	
b	Other (Describe in Part XIII.)	4b	61,025.	
c	Add lines 4a and 4b	4c		248,213.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		10,499,211.

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	-56,476.
CHANGE IN VALUE OF LIFE INSURANCE POLICIES	15,008.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-41,468.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

BAD DEBT	61,025.
----------	---------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

BAD DEBT	61,025.
----------	---------

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	902,463.	529,109.	1,431,572.
	2	Less: Contributions	816,288.	444,359.	1,260,647.
	3	Gross income (line 1 minus line 2)	86,175.	84,750.	170,925.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	28,000.		28,000.
	6	Rent/facility costs	218,278.	201,774.	420,052.
	7	Food and beverages			
	8	Entertainment	138,124.	36,000.	174,124.
	9	Other direct expenses		9,741.	9,741.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			631,917.
11	Net income summary. Subtract line 10 from line 3, column (d)			-460,992.	

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: _____

**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 for the latest information.

OMB No. 1545-0047

2022

**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
ABIDE WOMENS HEALTH SERVICES 2612 MLK JR BLVD. DALLAS, TX 75215-2309	82-3303040	501(C)(3)	50,000.	0.			TO SUPPORT A FULLTIME MIDWIFE
ACCESS ESPARANZA CLINICS, INC. 916 E. HACKBERRY AVE. STE. A MCALLEN, TX 78501	74-1655329	501(C)(3)	60,000.	0.			TO SUPPORT THE ACCESS TO CARE PROGRAM.
AGAPE RESOURCE & ASSISTANCE CENTER, INC. - P.O. BOX 861664 - PLANO, TX 75086-1664	75-2942035	501(C)(3)	40,000.	0.			GENERAL OPERATIONAL FOR JERICHO VILLAGE
ALLIANCE FOR JUSTICE 11 DUPONT CIRCLE NW WASHINGTON, DC 20036	52-1009973	501(C)(3)	40,000.	0.			TO SUPPORT THE BOLDER ADVOCACY PROGRAM
ASIAN & PACIFIC ISLANDER AMERICAN SCHOLARSHIP FUND - 2025 M STREET NW, SUITE 610 - WASHINGTON, DC 20036	57-1192973	501(C)(3)	20,000.	0.			TO PROVIDE SEVEN APIA WOMEN WITH SCHOLARSHIPS
ASSET FUNDERS NETWORK 2045 W. GRAND AVENUE SUITE B # 503 CHICAGO, IL 60612-1577	83-1215288	501(C)(3)	12,500.	0.			EQUITY IN ASSET BUILDING RELAY GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 117.

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) 2022

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
ASSET FUNDERS NETWORK 2045 W. GRAND AVENUE SUITE B # 503 CHICAGO, IL 60612-1577	83-1215288	501(C)(3)	10,000.	0.			FOR NORTH TX CHAPTER & GENERAL OPERATING SUPPORT
AVANCE INC. 118 N MEDINA ST SAN ANTONIO, TX 78207	74-1769114	501(C)(3)	185,000.	0.			AVANCES FAMILY CHILD CARE HOMES
BACHMAN LAKE TOGETHER 9705 OVERLAKE DR. DALLAS, TX 75220	81-4526609	501(C)(3)	6,000.	0.			TO SUPPORT THE COMMUNITY ACTION NETWORK (CAN) PROGRAM.
BEST BUDDIES 100 SOUTHEAST SECOND ST, STE 2200 MIAMI, FL 33131	52-1614576	501(C)(3)	15,000.	0.			TO SUPPORT THE SCHOOL FRIENDSHIP PROGRAM
BOLD IDEA, INC PO BOX 140904 DALLAS, TX 75214	47-3742945	501(C)(3)	15,000.	0.			TO SUPPORT PROGRAM STAFF SALARIES.
BRIGHT FUTURE FOUNDATION FOR EAGLE COUNTY - PO BOX 2558 - AVON, CO 81620	84-0938374	501(C)(3)	10,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
BROOKLYN MUSEUM 200 EASTERN PARKWAY BROOKLYN, NY 11238	11-1672743	501(C)(3)	10,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
CACTUS HEALTH SERVICES, INC 700 NORTH MAIN STREET FORT STOCKTON, TX 79735	16-1663081	501(C)(3)	60,000.	0.			TO SUPPORT EXPANSION OF SERVICES PROVIDED.
CENTER FOR BOOKS ART INC 1974 28 WEST 27TH ST, 3RD FL NEW YORK, NY 10001	13-2842726	501(C)(3)	10,000.	0.			TO SUPPORT GENERAL OPERATIONS.

Schedule I (Form 990)

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

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CENTER FOR TRANSFORMING LIVES 512 W 4TH STREET FORT WORTH, TX 76102	75-0829389	501(C)(3)	200,000.	0.			TO SUPPORT INTEGRATED SERVICES, INCLUDING RAPID REHOUSING
CHETNA PO BOX 832802 RICHARDSON, TX 75083	20-2359084	501(C)(3)	20,000.	0.			TO SUPPORT STAFF AND PROVIDE DOMESTIC VIOLENCE SERVICES.
CHILD CARE GROUP 1420 W MOCKINGBIRD LN DALLAS, TX 75247	75-0800634	501(C)(3)	40,000.	0.			TO SUPPORT THE NORTH TEXAS EARLY EDUCATION ALLIANCE
CHILDREN'S ADVOCACY CENTER FOR NORTH TEXAS, INC. - CHILDREN'S ADVOCACY CENTER FOR DENTON COUNTY - LEWISVILLE, TX 75077	75-2559765	501(C)(3)	40,000.	0.			HIGH-RISK YOUTH/CHILD SEXUAL EXPLOITATION PROGRAM
CHILDREN'S ADVOCACY CENTER FOR NORTH TEXAS, INC. - CHILDREN'S ADVOCACY CENTER FOR DENTON COUNTY - LEWISVILLE, TX 75077	75-2559765	501(C)(3)	15,000.	0.			TO SUPPORT VICTIM SERVICES.
CITY SQUARE 4000 E SIDE AVE DALLAS, TX 75226-1205	75-2332948	501(C)(3)	7,500.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
COLLINS FAMILY PLANNING CLINIC 2900 SE LOOP 820 FORT WORTH, TX 76140	55-0865759	501(C)(3)	60,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITIES FOUNDATION OF TEXAS 5500 CARUTH HAVEN LANE DALLAS, TX 75225	75-0964565	501(C)(3)	25,000.	0.			TO FUND 2022 NTX GIVING DAY PRIZES
COMMUNITIES FOUNDATION OF TEXAS 5500 CARUTH HAVEN LANE DALLAS, TX 75225	75-0964565	501(C)(3)	26,171.	0.			TXWF DAF CLOSEOUT TRANSFER TO CFT DAF

Schedule I (Form 990)

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

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COMMUNITIES IN SCHOOL OF NORTH TEXAS INC. - PO BOX 295543 - LEWISVILLE, TX 75029-5543	75-2496426	501(C)(3)	20,000.	0.			PROGRAM SUPPORT FOR REFUGEE STUDENTS IN LEWISVILLE
COMPELLING WHY P.O. BOX 742463 DALLAS, TX 75374	27-3537158	501(C)(3)	10,000.	0.			TO SUPPORT SUCCESS SESSIONS & LEADERSHIP SERIES.
CON MI MADRE 1825 FORTVIEW RD. SUITE 114 AUSTIN, TX 78704	26-2034766	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
CRISTO REY DALLAS HIGH SCHOOL INC. 1064 N. ST. AUGUSTINE DALLAS, TX 75217	46-3737066	501(C)(3)	15,000.	0.			TO SUPPORT GROW THE GROVE.
DALLAS AFTERSCHOOL NETWORK 3900 WILLOW STREET STE 110 DALLAS, TX 75226	76-0838983	501(C)(3)	185,000.	0.			ADVANCE DALLAS COUNTY'S OUT OF SCHOOL TIME SYSTEM
DALLAS AFTERSCHOOL NETWORK 3900 WILLOW STREET STE 110 DALLAS, TX 75226	76-0838983	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
DALLAS AREA HABITAT FOR HUMANITY, INC. - 2800 N. HAMPTON ROAD - DALLAS, TX 75212	75-2097161	501(C)(3)	250,000.	0.			GENERAL OPERATING SUPPORT
DALLAS BAR ASSOCIATION COMMUNITY SERVICE FUND - 2101 ROSS AVE - DALLAS, TX 75201	75-2410525	501(C)(3)	10,500.	0.			DESIGNATED TO 2023 EQUAL ACCESS TO JUSTICE CAMPAIGN
DALLAS CHILDREN'S ADVOCACY CENTER 5351 SAMUELL BLVD DALLAS, TX 75228	75-2303404	501(C)(3)	15,000.	0.			GENERAL OPERATIONAL 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.)

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DALLAS CHINESE COMMUNITY CENTER 400 N GREENVILLE AVE RICHARDSON, TX 75081	75-2456463	501(C)(3)	20,000.	0.			TO SUPP LIFE SKILLS, YOUTH LEADERSHIP, & E&I PROGRAMS
DALLAS FOUNDATION A TX NONPROFIT CORPORATION - 3000 PEGASUS PARK DRIVE, #930 - DALLAS, TX 75247	75-2890371	501(C)(3)	104,916.	0.			TXWF DAF CLOSEOUT TO TDF DAF
DALLAS LEADERSHIP FOUNDATION PO BOX 227455 DALLAS, TX 75222	75-2583815	501(C)(3)	30,000.	0.			TEEN GIRLS MENTORING PROGRAM
DALLAS METHODIST HOSPITALS FOUNDATION, INC. - 1441 N. BECKLEY - DALLAS, TX 75203	75-1548343	501(C)(3)	40,000.	0.			BREAST HEALTH OUTREACH PROGRAM (BHOP)
DALLAS METHODIST HOSPITALS FOUNDATION, INC. - 1441 N. BECKLEY - DALLAS, TX 75203	75-1548343	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
DALLAS SYMPHONY ASSOCIATION 2301 FLORA ST DALLAS, TX 75201	75-0705442	501(C)(3)	15,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
DIA CENTER FOR THE ARTS INC. 535 WEST 22ND STREET NEW YORK, NY 10011	23-7397946	501(C)(3)	20,000.	0.			GENERAL OPERATION SUPPORT
DOGWOOD CANYON AUDUBON CENTER 1206 WEST F.M. 1382 CEDAR HILL, TX 75104	13-1624102	501(C)(3)	15,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
EARL CARL INSTITUTE FOR LEGAL AND SOCIAL POLICY I - 3100 CLEBURNE ST. - HOUSTON, TX 77004-4501	76-0385044	501(C)(3)	70,000.	0.			TO FUND ECI'S SUPPORT OF THE YWI & YWAC IN HOUSTON

Schedule I (Form 990)

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

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EAST TEXAS BORDER HEALTH CLINIC 400 S ALAMO BLVD MARSHALL, TX 75670	03-0538912	501(C)(3)	60,000.	0.			MARSHALL OB/GYN PROJECT
EDUCATIONAL FIRST STEPS 2815 GASTON AVE DALLAS, TX 75226	75-2334053	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
EMPOWERING THE MASSES 429 BEARD DR CEDAR HILL, TX 75104	82-4300966	501(C)(3)	10,000.	0.			EMPOWERING THE MASSES FOOD PANTRY
EMPOWERING THE MASSES 429 BEARD DR CEDAR HILL, TX 75104	82-4300966	501(C)(3)	40,000.	0.			OPERATING SUPPORT
FIRST CHRISTIAN CHURCH HOUSTON 1601 SUNSET BLVD HOUSTON, TX 77005	74-1311217	501(C)(3)	18,639.	0.			GENERAL OPERATING SUPPORT
GENESIS WOMENS SHELTER & SUPPORT 4411 LEMON AVENUE, SUITE 201 DALLAS, TX 75219	87-1061849	501(C)(3)	36,150.	0.			GENERAL OPERATIONAL SUPPORT
GIRLS EMBRACING MOTHERS, INC. 2904 FLOYD STREET, SUITE A DALLAS, TX 75204	27-1363774	501(C)(3)	5,575.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
GIRLS INC. OF METROPOLITAN DALLAS 2040 EMPIRE CENTRAL DALLAS, TX 75235-4304	75-1305705	501(C)(3)	37,906.	0.			GENERAL OPERATING SUPPORT
GUARDIAN SCHOLARS INC. 0056 EDWARDS VILLAGE BLVD. SUITE 20 EDWARDS, CO 81621	46-3044464	501(C)(3)	12,000.	0.			TO SUPPORT THE GUARDIAN SCHOLARSHIP PROGRAM.

Schedule I (Form 990)

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GULF COAST HEALTH CENTER INC. 2548 MEMORIAL BLVD PORT ARTHUR, TX 77640	76-0289927	501(C)(3)	60,000.	0.			PURCHASE NEW ULTRASOUND MACHINE
HARMONY COMMUNITY DEVELOPMENT CORPORATION - 6969 PASTOR BAILEY DR. STE. 110 - DALLAS, TX 75237-2633	26-1245799	501(C)(3)	200,000.	0.			SUPPORT HARMONY HOUSING & RESOURCE CTR'S HOUSING PROGRAM
HAVEN HEALTH CLINICS 1 MEDICAL DR. AMARILLO, TX 79106	75-1285348	501(C)(3)	60,000.	0.			TO SUPPORT INCREASED ACCESS TO REPRODUCTIVE HEALTHCARE
HEALING HANDS MINISTRIES INC 8515 GREENVILLE AVENUE, N112 DALLAS, TX 75243	65-1259379	501(C)(3)	20,000.	0.			HEALTHCARE SERVICES FOR BURMESE REFUGEES
HEALTH SERVICES OF NORTH TEXAS, INC. - 4401 N INTERSTATE 35 UNIT 312 - DENTON, TX 76207-3318	75-2252866	501(C)(3)	60,000.	0.			REPRODUCTIVE HEALTHCARE FOR LOW-INCOME, UNINSURED, AND UNDER
HEALTHY FUTURES OF TEXAS 2300 W. COMMERCE ST SAN ANTONIO, TX 78207	20-5793076	501(C)(3)	26,756.	0.			GENERAL OPERATING SUPPORT
HEALTHY FUTURES OF TEXAS 2300 W. COMMERCE ST SAN ANTONIO, TX 78207	20-5793076	501(C)(3)	40,000.	0.			TO SUPPORT HFTX & TX WOMEN'S HEALTHCARE COALITION
HEALTHY FUTURES OF TEXAS 2300 W. COMMERCE ST SAN ANTONIO, TX 78207	20-5793076	501(C)(3)	70,000.	0.			TO SUPPORT THE COHORT OF YWAC IN DALLAS
HEART HOUSE PO BOX 823162 DALLAS, TX 75382	75-2898097	501(C)(3)	20,000.	0.			TO SUPPORT HEAD, HEART, AND HAND (H3) 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.)

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HEARTS FOR HOMES 826 EAST MCKINNEY DENTON, TX 76209	20-4637974	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT
HOPE CLINIC OF MCKINNEY 103 E. LAMAR ST MCKINNEY, TX 75069	81-3813928	501(C)(3)	40,000.	0.			SUPPORT WELL-WOMEN'S PROGRAM
HOPE FARM 865 E. RAMSLEY AVENUE FORT WORTH, TX 76104	75-2473753	501(C)(3)	10,000.	0.			TO PROVIDE GENERAL & PROGRAM SUPPORT.
I AM A GOLFER FOUNDATION P.O. BOX 196149 DALLAS, TX 75219	83-2567899	501(C)(3)	10,000.	0.			TO SUPPORT THE I AM A GOLFER AND I AM AN INTERN PILLAR.
IGNITE 5201 N. O CONNOR BLVD. STE. 100 IRVING, TX 75039-3741	38-3819049	501(C)(3)	40,000.	0.			IGNITE OPERATING SUPPORT
IGNITE 5201 N. O CONNOR BLVD. STE. 100 IRVING, TX 75039-3741	38-3819049	501(C)(3)	6,500.	0.			TO SUPPORT PROGRAMS FOCUSED ON YOUNG WOMEN IN TX
INTERFAITH FAMILY SERVICES, INC. PO BOX 720206 DALLAS, TX 75372-0206	75-2028254	501(C)(3)	40,000.	0.			IFS FAMILY EMPOWERMENT PROGRAM
INTERFAITH FAMILY SERVICES, INC. PO BOX 720206 DALLAS, TX 75372-0206	75-2028254	501(C)(3)	10,000.	0.			TO UNDERWRITE THE FAMILY EMPOWERMENT PROGRAM.
INTERNATIONAL RESCUE COMMITTEE INC 6500 GREENVILLE AVE. DALLAS, TX 75206	13-5660870	501(C)(3)	40,000.	0.			SUPPORT MENTAL HEALTH PROGRAM FOR WOMEN

Schedule I (Form 990)

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JEWISH FAMILY SERVICES OF DALLAS 5402 ARAPAHO RD. STE. 102B DALLAS, TX 75248-7099	75-1992728	501(C)(3)	5,790.	0.			GENERAL OPERATIONS
JUBILEE PARK AND COMMUNITY CENTER CORPORATION - 907 BANK STREET - DALLAS, TX 75223-2819	75-2726296	501(C)(3)	5,500.	0.			SUPPORT THE HOUSING AND WORKFORCE PROGRAM
JUNIOR PLAYERS GUILD 12225 GREENVILLE AVE DALLAS, TX 75243-9362	75-6061082	501(C)(3)	25,000.	0.			TRANSFORMATION PROJECT DANCE RESIDENCY
LADDER ALLIANCE, INC. 1100 HEMPHILL ST. STE. 302 FORT WORTH, TX 76104-4675	06-1674011	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT
LIFT (LITERACY INSTRUCTION FOR TEXAS) DBA ASPIRE - PO BOX 570159 - DALLAS, TX 75357	75-1095223	501(C)(3)	5,500.	0.			SUPPORT EARLY EDUCATION EDUCATION/ FAMILY LITERACY PROGRAM
LIFT FUND (FORMERLY ACCION TEXAS) 2007 W MARTIN ST SAN ANTONIO, TX 78207-2630	74-2712770	501(C)(3)	32,000.	0.			SUPPORT WOMEN OF COLOR CAPITAL READINESS
LITERACY ACHIEVES (FORMERLY VICKERY MEADOW LEARNING CENTER) - 4144 N. CENTRAL EXPRESSWAY SUITE 702 - DALLAS, TX 75204-2134	75-2708992	501(C)(3)	15,000.	0.			TO SUPPORT LITERACY & LIFE SKILLS PROGRAM
MAURICE BARNETT GERIATRIC WELLNESS CENTER INC. - 401 W 16TH ST - PLANO, TX 75075-7006	75-1839305	501(C)(3)	15,000.	0.			DESIGNATED TO PROVIDE HEALTHCARE SERVICES
METHODIST RICHARDSON MEDICAL CENTER FOUNDATION C/O ABHOP - 2831 E PRESIDENT GEORGE BUSH TURNPIKE - RICHARDSON, TX 75082-3561	75-1788520	501(C)(3)	20,000.	0.			TO SUPPORT THE ASIAN BREAST HEALTH OUTREACH PROJECT (ABHOP)

Schedule I (Form 990)

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MOSAIC FAMILY SERVICES, INC. 12225 GREENVILLE AVENUE, SUITE 800 DALLAS, TX 75243	75-2484565	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
MOSAIC FAMILY SERVICES, INC. 12225 GREENVILLE AVENUE, SUITE 800 DALLAS, TX 75243	75-2484565	501(C)(3)	20,000.	0.			PARTIAL SALARY FOR FULLTIME CASE MANAGER
MT ENTERPRISE COMMUNITY HEALTH CLINIC - 106 W RUSK ST. - MT ENTERPRISE, TX 75681	43-2016287	501(C)(3)	60,000.	0.			WOMEN'S HEALTH COORDINATOR
MUSLIM AMERICAN LEADERSHIP ALLIANCE - 47 WEST DIVISION STREET - CHICAGO, IL 60610	47-3812096	501(C)(3)	26,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
NATIONAL ALLIANCE FOR PARTNERSHIPS IN EQUITY EDUCATION FNDTN - 91 NEWPORT PIKE STE 302 - GAP, PA 17527	13-4249100	501(C)(3)	10,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
NATIONAL COUNCIL OF JEWISH WOMEN INCORPORATED - 16910 DALLAS PKWY. STE. 104 - DALLAS, TX 75248-1927	13-1641076	501(C)(3)	5,790.	0.			GENERAL OPERATIONS
NEW FRIENDS NEW LIFE P.O. BOX 192378 DALLAS, TX 75219	75-2820473	501(C)(3)	10,000.	0.			TO SUPPORT ECONOMIC EMPOWERMENT PROGRAM.
NEW MEXICO RELIGIOUS COALITION FOR REPRODUCTIVE CHOICE - PO BOX 66433 - ALBERQUERQUE, NM 87193	85-0391823	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT
NEXUS RECOVERY CENTER, INC. 8733 LA PRADA DR. DALLAS, TX 75228-5036	23-7169388	501(C)(3)	40,000.	0.			NEXUS RECOVERY CENTER

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NORTH TEXAS FOOD BANK 3677 MAPLESHADE LN. PLANO, TX 75075-5753	75-1785357	501(C)(3)	10,500.	0.			TO SUPPORT GENERAL OPERATIONS
OPEN ARMS INC. DBA BRYAN'S HOUSE PO BOX 135868 DALLAS, TX 75235	75-2217559	501(C)(3)	15,000.	0.			TO SUPPORT PILOT PROGRAMMING WITH TMWF
OUR FRIENDS PLACE 6500 GREENVILLE AVE DALLAS, TX 75206-1023	75-2077719	501(C)(3)	26,150.	0.			GENERAL OPERATING SUPPORT.
OUTCRY THEATER 1915 N CENTRAL EXPRESSWAY #120 PLANO, TX 75075	81-3537233	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
PARKLAND FOUNDATION 1341 W. MOCKINGBIRD LN, SUITE 1100E DALLAS, TX 75247	75-2089180	501(C)(3)	60,000.	0.			PARKLAND FAMILY PLANNING EXPANSION 2023
PEGASUS FOUNDATION DALLAS INSTITUTE OF HUMANITIES & CULTURE - 2719 ROUTH ST. - DALLAS, TX 75201-1933	75-1721049	501(C)(3)	10,000.	0.			DREAM LEVEL SPONSORSHIP FOR 2023 MLK SYMPOSIUM
PLANNED PARENTHOOD OF GREATER TEXAS - 7424 GREENVILLE AVE. STE. 206 - DALLAS, TX 75231-4534	52-1243220	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
PROJECT VIDA HEALTH CENTER 3607 RIVERA AVE. EL PASO, TX 79905	68-0541648	501(C)(3)	60,000.	0.			TO BRIDGE THE COST OF PROVIDING REPRODUCTIVE HEALTH.
PROJECTHANDUP 1110 POST OAK PLACE WESTLAKE, TX 76262	90-0705496	501(C)(3)	38,519.	0.			TO SUPPORT GENERAL OPERATIONS.

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PROMISE HOUSE 224 WEST PAGE STREET DALLAS, TX 75208	75-2180083	501(C)(3)	20,000.	0.			TO SUPPORT THE MATERNITY GROUP HOME PROGRAM (MGH)
RAE'S HOPE INCORPORATED 12801 N. CENTRAL EXPRESSWAY, SUITE DALLAS, TX 75210	20-8743343	501(C)(3)	30,575.	0.			GENERAL OPERATING SUPPORT
RANDOLPH W & DR LAEL C MELVILLE FAMILY FOUNDATION - 3626 NORTH HALL STREET SUITE 610 - DALLAS, TX 75219	82-4269583	501(C)(3)	10,000.	0.			TO PURCHASE ESSENTIALS FOR CLIENTS.
RESOURCE CENTER OF DALLAS 6333 RICHMOND AVE. UNIT A DALLAS, TX 75214-3640	75-1892059	501(C)(3)	40,000.	0.			GENDER-AFFIRMING CARE PROGRAM
RESOURCE CENTER OF DALLAS 6333 RICHMOND AVE. UNIT A DALLAS, TX 75214-3640	75-1892059	501(C)(3)	10,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
ROSA ES ROJO INC. P.O. BOX 250435 PLANO, TX 75025-0435	81-3557997	501(C)(3)	5,500.	0.			SUPPORT SUPERVIVECOMUNIDAD VIRTUAL/ADMIN COSTS
SOUTH PLAINS RURAL HEALTH SERVICES, INC. - 1000 FM 300 - LEVELLAND, TX 79336	75-2123252	501(C)(3)	60,000.	0.			TO SUPPORT PERSONNEL COST & PURCHASE CONTRACEPTIVES
SOUTH TEXAS FAMILY PLANNING & HEALTH CORPORATION - 4455 SOUTH PADRE ISLAND DR., #29 - CORPUS CHRISTI, TX 78411	74-1728621	501(C)(3)	67,125.	0.			TO PROVIDE CAPACITY BUILDING SUPPORT TO MEET NEEDS
SOUTH TEXAS RURAL HEALTH SERVICES INC. - P.O. BOX 599 - COTULLA, TX 78014	74-1905196	501(C)(3)	60,000.	0.			FT WOMEN'S HEALTH EDUCATOR/MATERIALS & RESOURCES

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 CHRISTIAN UNIVERSITY TCU BOX 298530 FORT WORTH, TX 76129	75-0827465	501(C)(3)	100,000.	0.			ENDOWMENT FUND FOR TCU VALUES & VENTURES 2023 COMPETITION
TEXAS MUSLIM WOMEN'S FOUNDATION P.O. BOX 863388 PLANO, TX 75086-3388	20-3060929	501(C)(3)	55,000.	0.			PEACE IN THE HOME (PIH) SOCIAL SERVICES PROGRAM
TEXAS TRIBUNE INC. 919 CONGRESS AVENUE SUITE 600 AUSTIN, TX 78701-2158	26-4527097	501(C)(3)	30,000.	0.			TO SUPPORT NONPARTISAN JOURNALISM
THE ALL IN TOGETHER CAMPAIGN, INC. (GENDER AVENGER FISCSPON) - 111 WEST 110TH ST - NEW YORK, NY 10026	46-5645788	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
THE BRIGID ALLIANCE INC. PO BOX 58 PLANETARIUM STATION - NEW YORK, NY 10024	82-3843989	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT
THE CHOCOLATE MINT FOUNDATION 201 EXECUTIVE WAY DESOTO, TX 75115	27-1589053	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT
THE CONCILLIO 650 FORT WORTH AVE, SUITE 250 DALLAS, TX 75229	75-1770140	501(C)(3)	40,000.	0.			STRONG FAMILIES, STRONG COMMUNITIES (SFSC) PROGRAMMING
THE CONCILLIO 650 FORT WORTH AVE, SUITE 250 DALLAS, TX 75229	75-1770140	501(C)(3)	6,000.	0.			TO SUPPORT PASE PROGRAM
THE DALLAS OPERA 2403 FLORA ST. # 500 DALLAS, TX 75201-2415	75-6004746	501(C)(3)	19,056.	0.			GENERAL OPS AT LINDA & MITCH HART INSTITUTE

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 GEMS CAMP 1408 N. RIVERFRONT BLVD #249 DALLAS, TX 75207	46-3363376	501(C)(3)	10,000.	0.			TO SUPPORT 2022-2023 HIDDEN GEMS EXPERIENCE.
THE KITCHEN SISTERS PRODUCTIONS 916 KEARNY SAN FRANCISCO, CA 94133	24-3369042	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
TRIANGLE AREA NETWORK, INC. AKA TAN HEALTHCARE - PO BOX 12279 - BEAUMONT, TX 77726	76-0226835	501(C)(3)	60,000.	0.			VOLUNTARY FAMILY PLANNING SERVICES
TRINITY HABITAT FOR HUMANITY AKA FORT WORTH AREA HFH INC. - 9333 N. NORMAN DALE ST. - FORT WORTH, TX 76116	75-2239189	501(C)(3)	10,000.	0.			TO SUPPORT THE PARTNERSHIP HOMES PROGRAM.
TRUST WOMEN FOUNDATION INC. P.O. BOX 3222 WICHITA, TX 67201	27-3246473	501(C)(3)	40,000.	0.			PROVIDE WOMEN'S REPRODUCTIVE HEALTH SERVICES
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET SUITE 305 - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	10,000.	0.			TO SUPPORT THE PENN FUND "PARPPC"
UNITED WAY OF METROPOLITAN DALLAS INC. - 1800 N. LAMAR ST. - DALLAS, TX 75202-1701	75-6005352	501(C)(3)	10,000.	0.			OPERATING SUPPORT FOR TOCQUEVILLE SOCIETY
UNIVERSITY OF TEXAS LAW SCHOOL FOUNDATION - 727 EAST DEAN KEETON ST. - AUSTIN, TX 78705	74-6056794	501(C)(3)	25,000.	0.			TO SUPPORT THE CLASS OF 1988 ENDOWED SCHOLARSHIP
VIDA Y SALUD HEALTH SYSTEMS, INC. 308 S CESAR CHAVEZ AVENUE CRYSTAL CITY, TX 78839	74-1715419	501(C)(3)	60,000.	0.			TO SUPPORT PURCHASES OF LONG-ACTING CONTRACEPTIVES

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
WAY BACK HOUSE 1804 MARKET CENTER BLVD DALLAS, TX 75207-3315	75-1446346	501(C)(3)	40,000.	0.			WOMEN'S REENTRY PROGRAMS
WENDY HILLIARD GYMNASTICS FOUNDATION - 127 W. 127TH STREET - NEW YORK CITY, NY 10027	13-3879321	501(C)(3)	10,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
WESLEY-RANKIN COMMUNITY CENTER 3100 CROSSMAN AVE DALLAS, TX 75212-3914	75-0808775	501(C)(3)	40,000.	0.			ADULT ACADEMY/LEADERSHIP COUNCIL AND CASA FELIZ
WOMEN'S FUNDING NETWORK 57 POST ST, STE 801 SAN FRANCISCO, CA 94104	41-1685134	501(C)(3)	10,000.	0.			TO SUPPORT THE 2023 WOMEN'S FUNDING NETWORK MEMBERSHIP
YOUNG INVINCIBLES 401 BRANARD STREET, SUITE 116 HOUSTON, TX 77006	46-2214021	501(C)(3)	25,000.	0.			TO SUPPORT YI BUILDING PARTNERSHIPS WITH LEGISLATIVE OFFICES
YOUNG WOMEN'S PREPARATORY NETWORK 1722 ROUTH STREET DALLAS, TX 75201	47-0902114	501(C)(3)	56,000.	0.			GENERAL OPERATIONAL SUPPORT
YOUTH REVIVE INC. 1808 S GOOD LATIMER EXPY DALLAS, TX 75226	46-4680632	501(C)(3)	6,000.	0.			TO SUPPORT & STRENGTHEN PARTNERSHIPS WITH 5 SCHOOLS.

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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2022

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) MICHELYNN WOODARD PRESIDENT/CEO (THROUGH MARCH 2023)	(i)	259,816.	0.	121.	0.	7,299.	267,236.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DENA JACKSON COO	(i)	218,198.	0.	15.	13,287.	11,468.	242,968.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAWN HOOPER VP - FINANCE & OPERATIONS / CFO	(i)	179,048.	0.	138.	9,054.	7,994.	196,234.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ASHLEY HARRIS VP - DEVELOPMENT	(i)	167,213.	0.	138.	6,818.	7,446.	181,615.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ASHLEY LINDSAY, ASSOCIATE VP - ANNUAL GIVING (THROUGH MAY 2023)	(i)	134,749.	10,000.	468.	6,193.	6,132.	157,542.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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	2	151,141.	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 (<u>MEAL</u>)	X	2	9,828.	FMV
26 Other (<u>BOOKS</u>)	X	1	8,000.	FMV
27 Other (<u>SOFTWARE DONATI</u>)	X	1	1,592.	FMV
28 Other ()				

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**

	Yes	No
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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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.

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS

Multiple horizontal lines for data entry.

**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 for the latest information.

OMB No. 1545-0047

2022

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, 2023, TEXAS WOMEN'S FOUNDATION'S INVESTED \$3.5 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 MORE THAN \$500,000 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 \$ 990,178. INCLUDING GRANTS OF \$ 186,310. 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.

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

Schedule O (Form 990) 2022

Name of the organization TEXAS WOMEN'S FOUNDATION	Employer identification number 75-2048261
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ANNUALLY, FORMS ARE DISTRIBUTED TO ALL BOARD MEMBERS FOR SIGNATURE AND 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	-56,476.
CHANGE IN VALUE OF LIFE INSURANCE POLICIES	15,008.
TOTAL TO FORM 990, PART XI, LINE 9	-41,468.

**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 for instructions and the latest information.

OMB No. 1545-0047

2022

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

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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s 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)				

