

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](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	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

**ROSYLN DAWSON THOMPSON**

- The books are in the care of ▶ **8150 NORTH CENTRAL EXPY, #110 - DALLAS, TX 75206**  
Telephone No. ▶ **214-525-5310** 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 16, 2022**, 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, 2020**, and ending **JUN 30, 2021**.

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

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

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

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>TEXAS WOMEN'S FOUNDATION</b>		<b>D</b> Employer identification number <b>75-2048261</b>
	Doing business as		<b>E</b> Telephone number <b>214-525-5310</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>8150 NORTH CENTRAL EXPY</b>	<b>110</b>	<b>G</b> Gross receipts \$ <b>46,214,227.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>DALLAS, TX 75206</b>		
<b>F</b> Name and address of principal officer: <b>ROSLYN DAWSON THOMPSON</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.TXWF.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1985** **M** State of legal domicile: **TX**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TEXAS WOMEN'S FOUNDATION INVESTS IN THE POWER OF WOMEN AND GIRLS TO DRIVE POSITIVE CHANGE.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>47</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>47</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>19</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>176</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>16,829,973.</b>	<b>7,667,678.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>466,259.</b>	<b>262,750.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>3,376,372.</b>	<b>2,837,665.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-184,716.</b>	<b>-240,978.</b>
		<b>20,487,888.</b>	<b>10,527,115.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>7,983,493.</b>	<b>10,992,174.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>2,286,591.</b>	<b>2,491,934.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>636,275.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,001,753.</b>	<b>1,693,840.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>12,271,837.</b>	<b>15,177,948.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>8,216,051.</b>	<b>-4,650,833.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>43,148,545.</b>	<b>42,374,126.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>4,843,297.</b>	<b>4,132,738.</b>
		<b>38,305,248.</b>	<b>38,241,388.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	▶ <b>ROSLYN DAWSON THOMPSON, PRESIDENT AND CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>PAMELA ALEXANDERSON</b>	<b>PAMELA ALEXANDERSON</b>	<b>11/19/21</b>		<b>P01218925</b>
	Firm's name ▶ <b>MOSS ADAMS LLP</b>	Firm's EIN ▶ <b>91-0189318</b>			
	Firm's address ▶ <b>6565 AMERICAS PARKWAY NE STE 600 ALBUQUERQUE, NM 87110</b>			Phone no. <b>505-878-7200</b>	

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

Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$ 4,086,087. including grants of \$ 3,884,181. ) (Revenue \$ ) WOMEN'S ECONOMIC SECURITY: TEXAS WOMEN'S FOUNDATION WORKS TO STRENGTHEN THE ECONOMIC SECURITY OF WOMEN AND GIRLS IN TEXAS BY INVESTING IN SOLUTIONS THAT GET TO THE ROOT CAUSES OF WOMEN'S ECONOMIC INSECURITY AND REVERSE THEM. THE FOUNDATION ADVANCES A TIME-TESTED, EVIDENCE-BASED MODEL THAT PROVIDES WOMEN AND GIRLS WITH KNOWLEDGE AND TOOLS TO MANAGE THEIR FINANCES; TRAINING THAT BUILDS THEIR FINANCIAL CAPABILITY AND IMPROVES THEIR JOB OPPORTUNITIES; AND ACCESS TO CRITICAL WORK SUPPORTS -- EDUCATION, CHILD CARE, HEALTH CARE AND HOUSING THAT ARE ESSENTIAL TO ECONOMIC SECURITY. THE FOUNDATION PRODUCES ORIGINAL RESEARCH, AS WELL AS LEVERAGES LEADING RESEARCH FROM ORGANIZATIONS AROUND THE WORLD, TO GUIDE OUR GRANTING, INFORM OUR DONORS AND PARTNERS, AND STRENGTHEN OUR CREDIBLE VOICE FOR WOMEN AND GIRLS. RESEARCH GUIDES OUR PRIORITIZATION

4b (Code: ) (Expenses \$ 2,257,950. including grants of \$ 1,503,973. ) (Revenue \$ 262,750. ) 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, 2021, TEXAS WOMEN'S FOUNDATION INVESTED \$2.3 MILLION IN LEADERSHIP GRANTS AND PROGRAMS THAT IMPACTED WOMEN AND GIRLS ACCROSS TEXAS.

4c (Code: ) (Expenses \$ 5,848,348. including grants of \$ 5,593,510. ) (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, 2021,

4d Other program services (Describe on Schedule O.) (Expenses \$ 650,275. including grants of \$ 10,510. ) (Revenue \$ )

4e Total program service expenses 12,842,660.

**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> ?	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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
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 Revenue Procedure 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>		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
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

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

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

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	39
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		19
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		7d
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 47		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 47		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**ROSYLN DAWSON THOMPSON - 214-525-5310**  
**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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(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)	(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			
(1) ROSLYN DAWSON THOMPSON PRESIDENT & CEO	45.00			X			235,091.	0.	16,032.	
(2) DENA JACKSON COO	45.00			X			181,043.	0.	19,852.	
(3) DAWN HOOPER VP - FINANCE & OPERATIONS / CFO	45.00			X			150,294.	0.	13,198.	
(4) ASHLEY HARRIS VP - DEVELOPMENT	45.00					X	137,510.	0.	10,642.	
(5) ASHLEY LINDSAY ASSOCIATE VP - ANNUAL GIVING	45.00					X	109,097.	0.	16,163.	
(6) LISA DE LA GARZA VP - PROGRAMS	45.00					X	105,252.	0.	10,409.	
(7) A. SHONN BROWN DIRECTOR, BOARD CHAIR	4.00	X		X			0.	0.	0.	
(8) HILDA C. GALVAN DIRECTOR, INCOMING BOARD CHAIR	4.00	X		X			0.	0.	0.	
(9) CHERYL ALSTON DIRECTOR, SECRETARY	4.00	X		X			0.	0.	0.	
(10) MICHELLE M. HUDSON, CPM DIRECTOR, TREASURER	4.00	X		X			0.	0.	0.	
(11) ELIZABETH HEALY DIRECTOR, ADVOCACY COMMITTEE CHAIR	4.00	X					0.	0.	0.	
(12) LISA MONTGOMERY DIRECTOR, GOVERNANCE CHAIR	4.00	X					0.	0.	0.	
(13) BEVERLY GOULET, DIRECTOR, INVESTMENT ADVISORY COMMITTEE CHAIR	4.00	X					0.	0.	0.	
(14) V. BONNER ALLEN DIRECTOR, PROGRAM COMMITTEE CHAIR	4.00	X					0.	0.	0.	
(15) DEBBIE ROLLINS DIRECTOR, AUDIT COMMITTEE CHAIR	4.00	X					0.	0.	0.	
(16) ANGELINE L. BAIN, PC. DIRECTOR	2.00	X					0.	0.	0.	
(17) AVERY BELYEU 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)	(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			
(18) JENNIFER BIRY DIRECTOR	2.00	X						0.	0.	0.
(19) CHRYSTA CASTANEDA DIRECTOR	2.00	X						0.	0.	0.
(20) BONNIE CLINTON DIRECTOR	2.00	X						0.	0.	0.
(21) DARCY L. COWELL DIRECTOR	2.00	X						0.	0.	0.
(22) EFFIE B. DENNISON DIRECTOR	2.00	X						0.	0.	0.
(23) STACEY DORE DIRECTOR	2.00	X						0.	0.	0.
(24) SARA G. DURAN DIRECTOR	2.00	X						0.	0.	0.
(25) SAMANTHA DWINELL DIRECTOR	2.00	X						0.	0.	0.
(26) SAKINA R. FOSTER DIRECTOR	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								918,287.	0.	86,296.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								918,287.	0.	86,296.

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 **6**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
MARSHA CLARK & ASSOCIATES 6867 LIVORNO LANE, FRISCO, TX 75034	WOMEN'S LEADERSHIP PROGRAM FACILITATION	163,769.

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 **1**

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 DIRECTOR	2.00	X						0.	0.	0.
(28) DEBRA H. HUNTER JOHNSON, ESQ DIRECTOR	2.00	X						0.	0.	0.
(29) KERI A. KAISER DIRECTOR	2.00	X						0.	0.	0.
(30) MARGARET KELIHER DIRECTOR	2.00	X						0.	0.	0.
(31) CYNTHIA G. MARSHALL DIRECTOR	2.00	X						0.	0.	0.
(32) LAURA MAXWELL DIRECTOR	2.00	X						0.	0.	0.
(33) PATRICIA L. MILLER DIRECTOR	2.00	X						0.	0.	0.
(34) SARA MILLER DIRECTOR	2.00	X						0.	0.	0.
(35) SARAH K. MILLER DIRECTOR	2.00	X						0.	0.	0.
(36) TONI MUNOZ-HUNT DIRECTOR	2.00	X						0.	0.	0.
(37) NEENA NEWBERRY DIRECTOR	2.00	X						0.	0.	0.
(38) LAURA S. NIETO DIRECTOR	2.00	X						0.	0.	0.
(39) MELISSA ORTH DIRECTOR	2.00	X						0.	0.	0.
(40) GWENDOLYN A. PARKER DIRECTOR	2.00	X						0.	0.	0.
(41) CARRIE F. PARSONS DIRECTOR	2.00	X						0.	0.	0.
(42) ELIZABETH C. PHILLIPS DIRECTOR	2.00	X						0.	0.	0.
(43) PRIYA RATHOD DIRECTOR	2.00	X						0.	0.	0.
(44) HOLLY REED DIRECTOR	2.00	X						0.	0.	0.
(45) JANE A. ROSE, ESQ DIRECTOR	2.00	X						0.	0.	0.
(46) VIRGINIA ROSE 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	1,311,673.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	347,200.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	6,008,805.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 605,444.				
	<b>h Total.</b> Add lines 1a-1f .....		7,667,678.				
<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM REVENUE	<b>Business Code</b>					
		900099	262,750.	262,750.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		262,750.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		669,252.			669,252.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
				37,611,991.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	35,443,578.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	2,168,413.				
<b>d</b> Net gain or (loss) .....		2,168,413.			2,168,413.		
<b>8 a</b> Gross income from fundraising events (not including \$ 1,311,673. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		0.				
		<b>8b</b>	243,277.				
<b>c</b> Net income or (loss) from fundraising events .....			-243,277.		-243,277.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
		<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>		357.				
		<b>10b</b>	257.				
		<b>c</b> Net income or (loss) from sales of inventory .....		100.		100.	
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....	900099	2,199.			2,199.	
	<b>e Total.</b> Add lines 11a-11d .....		2,199.				
<b>12 Total revenue.</b> See instructions .....		10,527,115.	262,750.	0.	2,596,687.		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,980,345.	10,980,345.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	11,829.	11,829.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	858,950.	366,411.	396,168.	96,371.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,329,240.	597,311.	435,837.	296,092.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	50,758.	25,098.	15,024.	10,636.
<b>9</b> Other employee benefits	105,666.	44,179.	41,590.	19,897.
<b>10</b> Payroll taxes	147,320.	62,073.	60,361.	24,886.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	31,840.		31,840.	
<b>d</b> Lobbying	941.	941.		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	230,384.		230,384.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	383,487.	321,153.	47,882.	14,452.
<b>12</b> Advertising and promotion	7,994.	7,657.	11.	326.
<b>13</b> Office expenses	132,828.	60,900.	36,685.	35,243.
<b>14</b> Information technology	177,419.	84,267.	46,201.	46,951.
<b>15</b> Royalties				
<b>16</b> Occupancy	145,656.	61,527.	55,324.	28,805.
<b>17</b> Travel	3,211.	1,946.	771.	494.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	25,779.	18,925.	962.	5,892.
<b>20</b> Interest	5,089.		5,089.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	84,369.	35,638.	32,046.	16,685.
<b>23</b> Insurance	15,054.		15,054.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>BAD DEBT</b>	181,295.		181,295.	
<b>b</b> <b>SPONSORSHIPS OF NON-PRO</b>	86,737.	72,681.	8,052.	6,004.
<b>c</b> <b>PEO FEES</b>	55,066.	23,202.	22,562.	9,302.
<b>d</b> <b>OTHER EVENT EXPENSES</b>	47,234.	44,899.		2,335.
<b>e</b> All other expenses	79,457.	21,678.	35,875.	21,904.
<b>25</b> Total functional expenses. Add lines 1 through 24e	15,177,948.	12,842,660.	1,699,013.	636,275.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,155,542.	<b>1</b>	5,920,336.
	<b>2</b> Savings and temporary cash investments .....	377,834.	<b>2</b>	36,056.
	<b>3</b> Pledges and grants receivable, net .....	2,702,926.	<b>3</b>	783,111.
	<b>4</b> Accounts receivable, net .....	109,082.	<b>4</b>	66,242.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	152,569.	<b>9</b>	213,275.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 305,314.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 98,550.	231,069.	<b>10c</b> 206,764.
	<b>11</b> Investments - publicly traded securities .....	32,943,827.	<b>11</b>	32,765,617.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	102,929.	<b>12</b>	102,929.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	150,000.	<b>13</b>	150,000.
	<b>14</b> Intangible assets .....	87,157.	<b>14</b>	42,489.
	<b>15</b> Other assets. See Part IV, line 11 .....	2,135,610.	<b>15</b>	2,087,307.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	43,148,545.	<b>16</b>	42,374,126.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	458,699.	<b>17</b>	1,330,864.
	<b>18</b> Grants payable .....	1,950,048.	<b>18</b>	1,029,249.
	<b>19</b> Deferred revenue .....	362,345.	<b>19</b>	517,115.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,099,593.	<b>23</b>	348,576.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	972,612.	<b>25</b>	906,934.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	4,843,297.	<b>26</b>	4,132,738.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	20,201,850.	<b>27</b>	19,088,199.
	<b>28</b> Net assets with donor restrictions .....	18,103,398.	<b>28</b>	19,153,189.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	38,305,248.	<b>32</b>	38,241,388.
<b>33</b> Total liabilities and net assets/fund balances .....	43,148,545.	<b>33</b>	42,374,126.	

**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	10,527,115.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,177,948.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,650,833.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	38,305,248.
5	Net unrealized gains (losses) on investments	5	4,513,945.
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	73,028.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	38,241,388.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- 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 .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2020)





**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6709826.	6500104.	8218229.	16829973.	7667678.	45925810.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	6709826.	6500104.	8218229.	16829973.	7667678.	45925810.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						11675696.
<b>6 Public support.</b> Subtract line 5 from line 4.						34250114.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	6709826.	6500104.	8218229.	16829973.	7667678.	45925810.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	477,909.	548,071.	612,066.	688,701.	669,252.	2995999.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....				2,500.	2,299.	4,799.
<b>11 Total support.</b> Add lines 7 through 10						48926608.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,675,336.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	70.00 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	68.66 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

Multiple horizontal lines for supplemental information.



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2020**

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>785,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>705,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>675,096.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>347,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	STOCK _____ _____ _____	\$ 175,096.	03/01/21
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(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 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization

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.

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

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....		941.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		0.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		941.													
<b>d</b> Other exempt purpose expenditures .....		14,540,732.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		14,541,673.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		877,084.													
<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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		219,271.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount		582,808.	710,018.	877,084.	2,169,910.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					3,254,865.
<b>c</b> Total lobbying expenditures		3,113.	676.	941.	4,730.
<b>d</b> Grassroots nontaxable amount		145,702.	177,505.	219,271.	542,478.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					813,717.
<b>f</b> Grassroots lobbying expenditures		3,113.	676.	941.	4,730.

**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
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2020**

**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 .....	64	
2 Aggregate value of contributions to (during year) .....	1,696,938.	
3 Aggregate value of grants from (during year) .....	9,027,085.	
4 Aggregate value at end of year .....	13,042,686.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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**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	13,697,998.	13,468,639.	13,509,173.	11,583,558.	11,162,912.
b Contributions	246,465.	383,808.	400,517.	1,368,249.	111,408.
c Net investment earnings, gains, and losses	3,475,023.	366,682.	100,408.	1,027,713.	894,368.
d Grants or scholarships	782,761.	521,131.	541,459.	415,914.	534,288.
e Other expenditures for facilities and programs					
f Administrative expenses				54,433.	50,842.
g End of year balance	16,636,725.	13,697,998.	13,468,639.	13,509,173.	11,583,558.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  13.0000 %
  - b Permanent endowment  58.0000 %
  - c Term endowment  29.0000 %
- 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? |     |    |
| 3b   |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		305,314.	98,550.	206,764.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				206,764.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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	906,934.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	906,934.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	14,909,299.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	4,513,945.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	25,588.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	73,031.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	4,612,564.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	10,296,735.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	230,380.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	230,380.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	10,527,115.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	14,973,156.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	25,588.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	25,588.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	14,947,568.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	230,380.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	230,380.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	15,177,948.

**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	73,028.
ROUNDING	3.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	73,031.



**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 (event type)	LEADERSHIP CELEBRATION (event type)	NONE (total number)	
Revenue	1	Gross receipts	753,450.	558,223.	1,311,673.
	2	Less: Contributions	753,450.	558,223.	1,311,673.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	64,450.	72,438.	136,888.
	7	Food and beverages			
	8	Entertainment	65,000.	25,052.	90,052.
	9	Other direct expenses		16,337.	16,337.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			243,277.
11	Net income summary. Subtract line 10 from line 3, column (d)			-243,277.	

**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))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A CHANCE TO LEARN P.O. BOX 820423 NORTH RICHLAND HILLS, TX 46-4235643	46-4235643	501(C)(3)	8,200.	0.			TO SUPPORT INTEGRATING THE IF/THEN COLLECTION INTO THE MOMMY & ME SMART+E BOOTCAMP PROGRAM.
ABIDE WOMENS HEALTH SERVICES 2612 MLK JR. BLVD. DALLAS, TX 82-3303040	82-3303040	501(C)(3)	10,000.	0.			TO SUPPORT PRE-NATAL AND POST-PARTUM SERVICES THROUGH TELEHEALTH AND IN-PERSON VISITS TO
ABIDE WOMENS HEALTH SERVICES 2612 MLK JR. BLVD. DALLAS, TX 82-3303040	82-3303040	501(C)(3)	10,000.	0.			TO HELP FILL IN THE GAP BY PROVIDING FINANCIAL AND SOCIAL SUPPORT TO BLACK STUDENT MIDWIVES
ABIDE WOMENS HEALTH SERVICES 2612 MLK JR. BLVD. DALLAS, TX 82-3303040	82-3303040	501(C)(3)	20,000.	0.			THESE FUNDS ARE DESIGNATED FOR GENERAL OPERATIONS IN 2021.
AFTER SCHOOL ALL STARS 2250 LAKESIDE BLVD RICHARDSON, TX 75-2936111	75-2936111	501(C)(3)	20,000.	0.			THESE FUNDS ARE DESIGNATED FOR GENERAL OPERATING SUPPORT.
AGAPE RESOURCE & ASSISTANCE CENTER P.O. BOX 861664 PLANO, TX 75-2942035	75-2942035	501(C)(3)	12,500.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **204.**

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

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Schedule I (Form 990) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE FOR JUSTICE 11 DUPONT CIRCLE, NW, SECOND FLOOR WASHINGTON, DC 52-1009973	52-1009973	501(C)(3)	15,000.	0.			TO SUPPORT THE BOLDER ADVOCACY PROGRAM, WHICH PROVIDES CUSTOMIZED TRAINING AND SUPPORT TO
ASIAN & PACIFIC ISLANDER AMERICAN SCHOLARSHIP FUND - 2025 M STREET NW, SUITE 610 - WASHINGTON, DC 57-1192973	57-1192973	501(C)(3)	12,500.	0.			TO SUPPORT THE APIA SCHOLARS PROGRAM IN NORTH TEXAS.
ASSET FUNDERS NETWORK 2045 W GRAND AVE STE B #50387 CHICAGO, IL 83-1215288	83-1215288	501(C)(3)	20,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
ASSOCIATION FOR INDEPENDENT LIVING 2826 STOREY LN DALLAS, TX 75-1644612	75-1644612	501(C)(3)	20,000.	0.			THESE FUNDS ARE DESIGNATED FOR OPERATING SUPPORT.
AT LAST INC. 405 E. OVERTON ROAD DALLAS, TX 61-1765722	61-1765722	501(C)(3)	10,000.	0.			TO PROVIDE PROGRAM SUPPORT.
ATTITUDES & ATTIRE 2050 N. STEMMONS FREEWAY UNIT 102 DALLAS, TX 75-2574836	75-2574836	501(C)(3)	25,000.	0.			TO SUPPORT THE HOPEFUL SMILES DENTAL PROGRAM.
AVANCE INC.-DALLAS 2060 SINGLETON BLVD. #103 DALLAS, TX 75-2699260	75-2699260	501(C)(3)	25,000.	0.			TO SUPPORT THE PARENT-CHILD EDUCATION PROGRAM (PCEP) IN DALLAS, TEXAS.
BACHMAN LAKE TOGETHER 9705 OVERLAKE DR. DALLAS, TX 81-4526609	81-4526609	501(C)(3)	30,000.	0.			TO SUPPORT THE COMMUNITY ACTION NETWORK (CAN) PARENT LEADERSHIP PROGRAM.
BACHMAN LAKE TOGETHER 9705 OVERLAKE DR. DALLAS, TX 81-4526609	81-4526609	501(C)(3)	30,000.	0.			THESE FUNDS ARE DESIGNATED FOR GENERAL OPERATING EXPENSES FOR 2021.

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYLOR UNIVERSITY LOUISE HERRINGTON SCHOOL OF NURSING - 3600 GASTON AVE BARNETT TOWER, STE. 100 - DALLAS, TX 74-1159753	74-1159753	501(C)(3)	50,000.	0.			TO PROVIDE SCHOLARSHIP SUPPORT FOR THE FASTBACC PROGRAM, WHICH IS A 12-MONTH ACCELERATED
BEACON HILL PREPARATORY INSTITUTE 1402 CORINTH STREET, STE. 257 DALLAS, TX 42-1624235	42-1624235	501(C)(3)	20,000.	0.			THESE FUNDS ARE DESIGNATED FOR READING AND MATH TUTORING PROGRAMS.
BOYS & GIRLS CLUBS OF GREATER DALLAS - P.O. BOX 710399 - DALLAS, TX 75-1152657	75-1152657	501(C)(3)	30,000.	0.			TO SUPPORT INTEGRATING THE IF/THEN COLLECTION INTO THE GIRLS IN STEAM PROGRAM.
BOYS & GIRLS CLUBS OF GREATER DALLAS - P.O. BOX 710399 - DALLAS, TX 75-1152657	75-1152657	501(C)(3)	25,000.	0.			THESE FUNDS ARE DESIGNATED FOR THE ACADEMIC SUCCESS PROGRAM.
BOYS & GIRLS CLUBS OF GREATER TARRANT COUNTY - 3218 E. BELKNAP ST. - FORT WORTH, TX 75-0808785	75-0808785	501(C)(3)	10,000.	0.			TO SUPPORT INTEGRATION OF THE IF/THEN COLLECTION INTO THE SMART GIRLS IN STEM PROGRAM
BRADY CENTER TO PREVENT GUN VIOLENCE - 840 FIRST ST., NE, STE. 400 - WASHINGTON, DC 23-7321017	23-7321017	501(C)(3)	50,000.	0.			TO SUPPORT LEGAL PROGRAMS
BRIDGE STEPS AKA THE BRIDGE HOMELESS RECOVERY CENTER - 1818 CORSICANA STREET - DALLAS, TX 45-3452817	45-3452817	501(C)(3)	35,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
BRIDGE STEPS AKA THE BRIDGE HOMELESS RECOVERY CENTER - 1818 CORSICANA STREET - DALLAS, TX 45-3452817	45-3452817	501(C)(3)	35,000.	0.			TO SUPPORT THE DIVERSION - HOMELESS PREVENTION PROGRAM
BRIDGES SAFEHOUSE INC. P.O. BOX 1161 CEDAR HILL, TX 75-2864224	75-2864224	501(C)(3)	10,000.	0.			TO SUPPORT THE TRAUMA-INFORMED PARENTING CLASSES PROGRAM.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHTER TOMORROWS, INC. 928 BLUEBIRD DR. IRVING, TX 75-2291809	75-2291809	501(C)(3)	35,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
BRIGHTER TOMORROWS, INC. 928 BLUEBIRD DR. IRVING, TX 75-2291809	75-2291809	501(C)(3)	15,000.	0.			TO SUPPORT THE CONTINUATION OF COUNSELING SERVICES, CRISIS INTERVENTION,
BRIGHTER TOMORROWS, INC. 928 BLUEBIRD DR. IRVING, TX 75-2291809	75-2291809	501(C)(3)	20,000.	0.			THESE FUNDS ARE DESIGNATED TO SUPPORT VIOLENCE AND SEXUAL ASSAULT PROGRAMS.
CAFE MOMENTUM P.O. BOX 190308 DALLAS, TX 32-0384561	32-0384561	501(C)(3)	50,000.	0.			TO PROVIDE COVID-19 RELIEF.
CANCER CARE SERVICES 623 S. HENDERSON FORT WORTH, TX 75-1025511	75-1025511	501(C)(3)	30,000.	0.			TO SUPPORT THE JOURNEY OF HOPE PROGRAM
CATCH UP & READ 3001 KNOX STREET SUITE 207 DALLAS, TX 45-3533496	45-3533496	501(C)(3)	7,000.	0.			TO SUPPORT THE CHILD LITERACY PROGRAM.
CATHOLIC CHARITIES DIOCESE OF FORT WORTH - 249 WEST THORNHILL DRIVE - FORT WORTH, TX 75-0808769	75-0808769	501(C)(3)	35,000.	0.			TO SUPPORT PADUA PROGRAM, PAYING FOR TARGETED FINANCIAL ASSISTANCE AND EMPLOYEE COMPENSATION FOR
CENTER FOR NONPROFIT MANAGEMENT 2902 FLOYD STREET DALLAS, TX 75-1366166	75-1366166	501(C)(3)	30,000.	0.			THESE FUNDS ARE DESIGNATED TO SUPPORT THE CNM-PACT PROGRAM.
CENTER FOR PUBLIC POLICY PRIORITIES - 7020 EASY WIND DR. STE 200 - AUSTIN, TX 74-2898197	74-2898197	501(C)(3)	100,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR SURVIVORS OF TORTURE 4108 SWISS AVENUE DALLAS, TX 75-2872010	75-2872010	501(C)(3)	30,000.	0.			TO PROVIDE HIGH-QUALITY, HOLISTIC, STRENGTHS-BASED, TRAUMA-INFORMED SERVICES
CENTER FOR TRANSFORMING LIVES 512 W 4TH STREET FORT WORTH, TX 75-0829389	75-0829389	501(C)(3)	100,000.	0.			TO SUPPORT HOUSING PROGRAMS AND PROVIDE COVID-19 RELIEF.
CENTER FOR US-LATIN AMERICA INITIATIVES - UTD - 800 W. CAMPBELL RD. - JO31 - RICHARDSON, TX 75-1305566	75-1305566	501(C)(3)	30,000.	0.			TO SUPPORT THE CUSLAI COMMUNITY DIGITAL ARCHIVE PROJECT.
CHETNA P.O. BOX 832802 RICHARDSON, TX 20-2359084	20-2359084	501(C)(3)	20,000.	0.			TO SUPPORT LEGAL SERVICES AND PROGRAMS FOR DOMESTIC VIOLENCE VICTIMS.
CHILD CARE ASSOCIATES 3000 E. BELKNAP FORT WORTH, TX 84-0587601	84-0587601	501(C)(3)	35,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
CHILD PROTECTION CONNECTION DBA TEXAS LAWYERS FOR CHILDREN - 3131 TURTLE CREEK BLVD, STE 1018 - DALLAS, TX 75-2594338	75-2594338	501(C)(3)	70,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
CHILDCAREGROUP 1420 W MOCKINGBIRD LN STE 300 DALLAS, TX 75-0800634	75-0800634	501(C)(3)	30,000.	0.			TO SUPPORT THE DALLAS EARLY EDUCATION ALLIANCE AND CHILDCARE ADVOCACY PROGRAMS.
CHILDCAREGROUP 1420 W MOCKINGBIRD LN STE 300 DALLAS, TX 75-0800634	75-0800634	501(C)(3)	35,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
CHOCOLATE MINT FOUNDATION 201 EXECUTIVE WAY DESOTO, TX 27-1589053	27-1589053	501(C)(3)	10,000.	0.			TO SUPPORT SOCIAL SERVICE PROGRAMS THAT PROVIDE FOOD AND RESOURCES TO FAMILIES, SENIORS AND

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CIRCUIT TRAIL CONSERVANCY 2001 BRYAN STREET, SUITE 3275 DALLAS, TX 47-5680271	47-5680271	501(C)(3)	58,333.	0.			TO SUPPORT THE CIRCUIT TRAIL CONSERVANCY'S PROJECT KNOWN AS THE LOOP.
CITY SQUARE 4000 EAST SIDE AVENUE DALLAS, TX 75-2332948	75-2332948	501(C)(3)	10,000.	0.			TO SUPPORT THE NEIGHBOR FINANCIAL ASSISTANCE INITIATIVE.
COMMIT2DALLAS 3800 MAPLE AVE, SUITE 800 DALLAS, TX 80-0790222	80-0790222	501(C)(3)	100,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
COMMUNITIES FOUNDATION OF TEXAS 5500 CARUTH HAVEN DALLAS, TX 75-0964565	75-0964565	501(C)(3)	22,000.	0.			TO FUND STRONG WOMEN BETTER WORLD PRIZES RESULTING FROM THE 2020 NORTH TEXAS GIVING DAY .
COMMUNITIES FOUNDATION OF TEXAS 5500 CARUTH HAVEN DALLAS, TX 75-0964565	75-0964565	501(C)(3)	75,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
COMMUNITIES IN SCHOOLS OF NORTH TEXAS - P.O BOX 295543 - LEWISVILLE, TX 75-2496426	75-2496426	501(C)(3)	30,000.	0.			TO PROVIDE CASE MANAGEMENT SERVICES FOR 2,310 GIRLS WHO ARE AT-RISK OF DROPPING OUT
COMMUNITIES IN SCHOOLS OF NORTH TEXAS - P.O BOX 295543 - LEWISVILLE, TX 75-2496426	75-2496426	501(C)(3)	20,000.	0.			TO SUPPORT THE CHIN FAMILY EMPOWERMENT PROGRAM
COMMUNITY OUTREACH HOUSING 3436 LIVINGSTON LANE CARROLLTON, TX 47-1872559	47-1872559	501(C)(3)	10,000.	0.			TO SUPPORT THE RENTAL ASSISTANCE PROGRAM DUE TO COVID-19.
COMMUNITY OUTREACH HOUSING 3436 LIVINGSTON LANE CARROLLTON, TX 47-1872559	47-1872559	501(C)(3)	30,000.	0.			TO PROVIDE COVID-19 RELIEF AND GENERAL OPERATING SUPPORT.

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CROSSROADS COMMUNITY SERVICES INC. 4500 S COCKRELL HILL RD DALLAS, TX 47-2676714	47-2676714	501(C)(3)	25,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
DALLAS 24 HOUR CLUB 4636 ROSS AVENUE DALLAS, TX 75-2231077	75-2231077	501(C)(3)	15,000.	0.			TO PROVIDE COVID-19 RELIEF.
DALLAS AFTERSCHOOL 3900 WILLOW STREET STE 110 DALLAS, TX 76-0838983	76-0838983	501(C)(3)	8,500.	0.			TO SUPPORT INTEGRATING THE IF/THEN COLLECTION ASSETS INTO ACTIVITY KITS INTO THE PROGRAM.
DALLAS AFTERSCHOOL 3900 WILLOW STREET STE 110 DALLAS, TX 76-0838983	76-0838983	501(C)(3)	70,000.	0.			TO SUPPORT THE PROGRAM QUALITY INITIATIVE.
DALLAS ARBORETUM & BOTANICAL SOCIETY INC. - 8525 GARLAND ROAD - DALLAS, TX 23-7375815	23-7375815	501(C)(3)	76,000.	0.			TO SUPPORT DIGITAL INTEGRATION OF THE IF/THEN COLLECTION INTO STEM EDUCATION IN THE
DALLAS AREA INTERFAITH SPONSORING COMMITTEE - 1104 LUPO DRIVE - DALLAS, TX 75-2409130	75-2409130	501(C)(3)	30,000.	0.			TO PROVIDE PROGRAM SUPPORT.
DALLAS BLACK DANCE THEATRE P.O. BOX 131290 DALLAS, TX 75-1756215	75-1756215	501(C)(3)	30,000.	0.			TO PROVIDE OPERATING FUNDS DURING THE COVID-19 CRISIS.
DALLAS BLACK DANCE THEATRE P.O. BOX 131291 DALLAS, TX 75-1756215	75-1756215	501(C)(3)	30,000.	0.			TO PROVIDE OPERATING FUNDS DURING THE COVID-19 CRISIS.
DALLAS BLACK DANCE THEATRE P.O. BOX 131292 DALLAS, TX 75-1756215	75-1756215	501(C)(3)	250,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.

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DALLAS CHAMBER SYMPHONY P.O. BOX 795548 DALLAS, TX 45-3543901	45-3543901	501(C)(3)	15,000.	0.			TO SUPPORT THE TWIST ON RISK AND TECH NOTES PROGRAMS
DALLAS CHINESE COMMUNITY CENTER 400 N. GREENVILLE AVE #12 RICHARDSON, TX 75-2456463	75-2456463	501(C)(3)	20,000.	0.			TO PROVIDE PROGRAM SUPPORT.
DALLAS COUNTY MENTAL HEALTH & MENTAL RETARDATION CENTER (DBA METROCARE SERVICES) - 1380 RIVER BEND DRIVE - DALLAS, TX 75-1285603	75-1285603	501(C)(3)	1,000,000.	0.			TO SUPPORT THE CHANGING MINDS CAPITAL CAMPAIGN
DALLAS EDUCATION FOUNDATION 9400 NORTH CENTRAL EXPRESSWAY, SUITE 1310 / MAILBOX 19 - DALLAS, TX 45-53523	45-5352337	501(C)(3)	40,000.	0.			TO SUPPORT THE IF/THEN PROJECT AT YOUNG WOMEN'S STEAM ACADEMY AT BALCH SPRINGS MIDDLE SCHOOL
DALLAS METHODIST HOSPITALS FOUNDATION INC. - 1441 N. BECKLEY AVENUE P.O. BOX 655999 - DALLAS, TX 75-1548343	75-1548343	501(C)(3)	20,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
DALLAS METHODIST HOSPITALS FOUNDATION INC. - 1442 N. BECKLEY AVENUE P.O. BOX 655999 - DALLAS, TX 75-1548343	75-1548343	501(C)(3)	30,000.	0.			TO HELP SUPPORT THE PROVISION OF BREAST CANCER SCREENING FOR NORTH TEXAS WOMEN.
DALLAS SOCIAL VENTURE PARTNERS DBA SOCIAL VENTURE PARTNERS DALLAS - P.O. BOX 670546 - DALLAS, TX 75-2945359	75-2945359	501(C)(3)	7,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
DALLAS THEATER CENTER 2400 FLORA STREET DALLAS, TX 75-0959992	75-0959992	501(C)(3)	50,000.	0.			THESE FUNDS ARE DESIGNATED TO SUPPORT PROJECT DISCOVERY.
DALLAS ZOOLOGICAL SOCIETY 650 S RL THORNTON FWY DALLAS, TX 75-0964982	75-0964982	501(C)(3)	73,544.	0.			TO SUPPORT THE IF/THEN PROJECT AT THE DALLAS ZOO.

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DENTON COUNTY FRIENDS OF THE FAMILY, INC. - P.O. BOX 640 - DENTON, TX 75-1734175	75-1734175	501(C)(3)	35,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
DESIGN CONNECT CREATE 8150 N CENTRAL EXPRESSWAY, STE 1200 DALLAS, TX 46-5169169	46-5169169	501(C)(3)	15,000.	0.			TO SUPPORT INTEGRATING THE IF/THEN COLLECTION INTO THE DESIGN CONNECT CREATE (DCC) CURRICULUM.
EARL CARL INSTITUTE FOR LEGAL AND SOCIAL POLICY INC. - 3100 CLEBURNE STREET - HOUSTON, TX 76-0385044	76-0385044	501(C)(3)	25,000.	0.			TO PROVIDE A GRANT THAT FUNDS EARL CARL INSTITUTE FOR LEGAL AND SOCIAL POLICY INC. IN SUPPORTING
EARL CARL INSTITUTE FOR LEGAL AND SOCIAL POLICY INC. - 3100 CLEBURNE STREET - HOUSTON, TX 76-0385044	76-0385044	501(C)(3)	9,500.	0.			TO SUPPORT THE WORK OF THE EARL CARL INSTITUTE'S BLACK GIRLS' INITIATIVE INCLUDING STIPENDS FOR
EARL CARL INSTITUTE FOR LEGAL AND SOCIAL POLICY INC. - 3100 CLEBURNE STREET - HOUSTON, TX 76-0385044	76-0385044	501(C)(3)	9,500.	0.			TO SUPPORT THE WORK OF THE EARL CARL INSTITUTE'S BLACK GIRLS' INITIATIVE INCLUDING STIPENDS FOR
EDUCATIONAL FIRST STEPS 2815 GASTON AVENUE DALLAS, TX 75-2334053	75-2334053	501(C)(3)	35,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
EDUCATIONAL FIRST STEPS 2815 GASTON AVENUE DALLAS, TX 75-2334053	75-2334053	501(C)(3)	30,000.	0.			TO SUPPORT FOUR STEPS TO EXCELLENCE 2.0, THAT PROVIDES THE EVIDENCE-BASED TRAINING,
EDUCATIONAL FIRST STEPS 2815 GASTON AVENUE DALLAS, TX 75-2334053	75-2334053	501(C)(3)	75,000.	0.			THESE FUNDS ARE DESIGNATED FOR FOUR STEPS TO EXCELLENCE. DALLAS
EMILY'S PLACE, INC. 1813 K AVE PLANO, TX 04-3726675	04-3726675	501(C)(3)	30,000.	0.			THIS GRANT WILL PROVIDE FINANCIAL SUPPORT FOR THE EXPANDED DIRECT SERVICES PROGRAM, SERVING

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FAITH AND PHILANTHROPY INSTITUTE (ALLIANCE FOR GREATER WORKS) - 2080 N. HWY 360, SUITE 100 - GRAND PRAIRIE, TX 36-4489504	36-4489504	501(C)(3)	30,000.	0.			TO SUPPORT THE HEALING YOUTH ALLIANCE 3.0 PROGRAM WHICH SUPPORTS THE MENTAL HEALTH,
FAMILY COMPASS 4210 JUNIUS STREET DALLAS, TX 75-2400158	75-2400158	501(C)(3)	25,000.	0.			TO SUPPORT PROGRAMMING COSTS ASSOCIATED WITH TWO HOME MENTORING PROGRAMS (PARENT AIDE AND GROWING
FAMILY COMPASS 4210 JUNIUS STREET DALLAS, TX 75-2400158	75-2400158	501(C)(3)	50,000.	0.			TO SUPPORT THE HOME MENTORING PROGRAM. THIS IS YEAR ONE PAYMENT OF A MULTI-YEAR GRANT.
FAMILY COMPASS 4210 JUNIUS STREET DALLAS, TX 75-2400158	75-2400158	501(C)(3)	50,000.	0.			TO SUPPORT THE HOME MENTORING PROGRAM. THIS IS YEAR TWO PAYMENT OF A MULTI-YEAR GRANT.
FAMILY GATEWAY, INC. 711 S ST. PAUL STREET DALLAS, TX 75-2105579	75-2105579	501(C)(3)	25,000.	0.			TO SUPPORT THE EMERGENCY SHELTER FOR HOMELESS FAMILIES WITH CHILDREN.
FAMILY GATEWAY, INC. 711 S ST. PAUL STREET DALLAS, TX 75-2105579	75-2105579	501(C)(3)	30,000.	0.			TO PROVIDE COVID-19 RELIEF.
FAMILY INDEPENDENCE INITIATIVE (FII-NATIONAL) - 663 13TH STREET, SUITE 200 - OAKLAND, CA 02-0784790	02-0784790	501(C)(3)	30,000.	0.			TO PROVIDE PROGRAM SUPPORT AND COVID-19 RELIEF.
FAMILY PLACE INC. P.O. BOX 7999 DALLAS, TX 75-1590896	75-1590896	501(C)(3)	7,000.	0.			TO SUPPORT THE LATINA OUTREACH PROGRAM.
FAMILY PLACE INC. P.O. BOX 7999 DALLAS, TX 75-1590896	75-1590896	501(C)(3)	200,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT AND COVID-19 RELIEF.

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FIRST CHRISTIAN CHURCH HOUSTON 1601 SUNSET BLVD. HOUSTON, TX 74-1311217	74-1311217	501(C)(3)	7,800.	0.			TO PROVIDE UNRESTRICTED GENERAL OPERATING SUPPORT FOR THE FIRST CHRISTIAN SCHOOL.
FIRST CHRISTIAN CHURCH HOUSTON 1601 SUNSET BLVD. HOUSTON, TX 74-1311217	74-1311217	501(C)(3)	70,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
FOR OAK CLIFF 4478 S. MARSALIS AVENUE DALLAS, TX 81-3768369	81-3768369	501(C)(3)	30,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
FOR OAK CLIFF 4478 S. MARSALIS AVENUE DALLAS, TX 81-3768369	81-3768369	501(C)(3)	100,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT AND COVID-19 RELIEF.
FORT WORTH MEDTECH CENTER INC. DBA TECH FORT WORTH (TECHFW) - 1120 SOUTH FWY - FORT WORTH, TX 75-2775052	75-2775052	501(C)(3)	15,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
FORT WORTH ZOOLOGICAL ASSOCIATION INC. - 1989 COLONIAL PKWY - FORT WORTH, TX 75-0991727	75-0991727	501(C)(3)	30,000.	0.			TO SUPPORT INTEGRATING THE IF/THEN COLLECTION AT THE FORT WORTH ZOO
FOUNDATION COMMUNITIES INC. (GROUP #7171) - 3000 S IH 35, STE 300 - AUSTIN, TX 74-2563260	74-2563260	501(C)(3)	35,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
FRIENDS OF SOLAR PREP 3963 MAPLE AVE DALLAS, TX 81-3913957	81-3913957	501(C)(3)	14,950.	0.			TO SUPPORT INCORPORATING THE IF/THEN COLLECTION ASSETS THROUGHOUT THE ALL-GIRLS STEAM FOCUSED
FRONTIERS OF FLIGHT MUSEUM INC 6911 LEMMON AVENUE DALLAS, TX 75-2244531	75-2244531	501(C)(3)	30,000.	0.			TO SUPPORT INTEGRATING THE IF/THEN COLLECTION INTO THE WOMEN IN AEROSPACE/YOUTH STEM

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GASTON CHRISTIAN CENTER 8515 GREENVILLE AVENUE, SUITE S-205 DALLAS, TX 46-1784061	46-1784061	501(C)(3)	25,000.	0.			THESE FUNDS ARE DESIGNATED FOR CAPITAL IMPROVEMENT OF THE FACILITIES LOCATED AT
GATEWAY OF GRACE P.O. BOX 224582 DALLAS, TX 47-1922215	47-1922215	501(C)(3)	10,000.	0.			TO PROVIDE PROGRAM SUPPORT AND SERVICE DELIVERY TO REFUGEE WOMEN
GENDERAVENTER (GENDER AVENGER) PARK WEST STATION P.O. BOX 21044 NEW YORK, NY 47-2913456	47-2913456	501(C)(3)	20,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DR. DALLAS, TX 75-1101571	75-1101571	501(C)(3)	30,000.	0.			TO SUPPORT INCORPORATING THE IF/THEN COLLECTION AS VISUALS THROUGHOUT THE STEM CENTER OF EXCELLENCE
GIRLS EMBRACING MOTHERS 2904 FLOYD STREET, SUITE A DALLAS, TX 27-1363774	27-1363774	501(C)(3)	25,000.	0.			TO SUPPORT THE GEM'S DIAMOND & PEARL PROGRAMS
GIRLS INCORPORATED OF METROPOLITAN DALLAS - 2040 EMPIRE CENTRAL DRIVE - DALLAS, TX 75-1305705	75-1305705	501(C)(3)	25,000.	0.			TO PROVIDE PROGRAM SUPPORT
GIRLSTART 320 DECKER DRIVE, SUITE 100 IRVING, TX 31-1595414	31-1595414	501(C)(3)	30,000.	0.			TO SUPPORT THE CONTINUATION OF GIRLSTART AFTER SCHOOL AND GIRLSTART SUMMER CAMP
GRACE LIKE RAIN 306 N LOOP 288, STE 112 DENTON, TX 81-2233677	81-2233677	501(C)(3)	30,000.	0.			TO SUPPORT THE WHEELER HOUSE
GRANT HALIBURTON FOUNDATION 5430 LYNDON B JOHNSON FWY STE 1700 DALLAS, TX 20-5643050	20-5643050	501(C)(3)	30,000.	0.			TO PROVIDE MENTAL HEALTH NAVIGATION AND EDUCATION SERVICES DURING THE COVID-19 PANDEMIC.

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GROUNDWORK DALLAS 3001 QUEBEC STREET, SUITE 201 DALLAS, TX 20-3398696	20-3398696	501(C)(3)	10,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
HARMONY COMMUNITY DEVELOPMENT CORPORATION - 6969 PASTOR BAILEY DRIVE, #110 - DALLAS, TX 26-1245799	26-1245799	501(C)(3)	100,000.	0.			TO SUPPORT THE HARMONY FINANCIAL EMPOWERED PROGRAM (HFEP)
HEALING HANDS MINISTRIES, INC. 8515 GREENVILLE AVENUE STE N-112, B DALLAS, TX 65-1259379	65-1259379	501(C)(3)	50,000.	0.			THESE FUNDS ARE DESIGNATED FOR THE THIRD FLOOR EXPANSION OF THE PEDIATRIC HEALTH CENTER,
HEALTH SERVICES OF NORTH TEXAS INC 4401 N INTERSTATE 35 UNIT 312 DENTON, TX 75-2252866	75-2252866	501(C)(3)	30,000.	0.			TO SUPPORT WOMEN'S CLINICAL SERVICES
HEART HOUSE P.O. BOX 823162 DALLAS, TX 27-0154943	27-0154943	501(C)(3)	15,000.	0.			TO PROVIDE PROGRAM SUPPORT
HEART HOUSE P.O. BOX 823163 DALLAS, TX 27-0154943	27-0154943	501(C)(3)	20,000.	0.			TO PROVIDE PROGRAM SUPPORT
HEART OF COURAGE 7441 MARVIN D LOVE FREEWAY, SUITE 3 DALLAS, TX 81-3117972	81-3117972	501(C)(3)	10,000.	0.			TO PROVIDE PROGRAM SUPPORT AND COVID-19 RELIEF
HISPANIC WOMEN'S NETWORK OF TEXAS - DALLAS CHAPTER - 2051 WITTINGTON PLACE #1175 - FARMERS BRANCH, TX 75-2379054	75-2379054	501(C)(3)	6,000.	0.			TO SUPPORT THE LATINAS IN PROGRESS PROGRAM
HOPE CLINIC OF MCKINNEY 505 TITUS ST MCKINNEY, TX 81-3813928	81-3813928	501(C)(3)	30,000.	0.			TO PROVIDE CAPACITY BUILDING SUPPORT

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HOPE CLINIC OF MCKINNEY 505 TITUS ST MCKINNEY, TX 81-3813928	81-3813928	501(C)(3)	7,500.	0.			TO PROVIDE PROGRAM SUPPORT
HOPE SUPPLY CO. 10480 SHADY TRAIL #104 DALLAS, TX 75-2284779	75-2284779	501(C)(3)	15,000.	0.			TO SUPPORT CRITICALLY NEEDED RESOURCES FOR HOMELESS AND LOW-INCOME INFANTS AND TODDLERS.
HOPEFUL SOLUTIONS 6209 HIGHLAND HILLS DR APT 146 DALLAS, TX 51-0556312	51-0556312	501(C)(3)	6,000.	0.			TO PROVIDE PROGRAM SUPPORT
HOUSING CRISIS CENTER 4210 JUNIUS STREET DALLAS, TX 75-1633304	75-1633304	501(C)(3)	10,000.	0.			TO PROVIDE COVID-19 RELIEF
HUMAN RIGHTS INITIATIVE OF NORTH TEXAS, INC. - 2801 SWISS AVENUE - DALLAS, TX 75-2842602	75-2842602	501(C)(3)	7,500.	0.			TO PROVIDE PROGRAM SUPPORT
HUMAN RIGHTS INITIATIVE OF NORTH TEXAS, INC. - 2801 SWISS AVENUE - DALLAS, TX 75-2842602	75-2842602	501(C)(3)	10,000.	0.			TO PROVIDE OPERATING SUPPORT FOR LEGAL AND SOCIAL SERVICES FOR VIOLENCE AGAINST WOMEN
IGNITE 5201 O'CONNOR BLVD. #100 IRVING, TX 38-3819049	38-3819049	501(C)(3)	11,500.	0.			TO PROVIDE PROGRAM SUPPORT
IGNITE 5201 O'CONNOR BLVD. #100 IRVING, TX 38-3819049	38-3819049	501(C)(3)	7,000.	0.			TO PROVIDE PROGRAM SUPPORT
IGNITE 5201 O'CONNOR BLVD. #100 IRVING, TX 38-3819049	38-3819049	501(C)(3)	20,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.

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ILOOKLIKELOVE, INC. P.O. BOX 151596 DALLAS, TX 81-0807264	81-0807264	501(C)(3)	10,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
INCLUSIVE COMMUNITIES PROJECT 3301 ELM STREET DALLAS, TX 75-2352462	75-2352462	501(C)(3)	40,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
INTERFAITH FAMILY SERVICES P.O. BOX 720206 DALLAS, TX 75-2028254	75-2028254	501(C)(3)	15,000.	0.			TO SUPPORT THE HOME & HOPE TRANSITIONAL HOUSING AND SELF-SUFFICIENCY PROGRAM, DALLAS
INTERNATIONAL LITERACY AND DEVELOPMENT (ILAD) - P.O. BOX 383153 - DUNCANVILLE, TX 45-2088800	45-2088800	501(C)(3)	30,000.	0.			TO SUPPORT THE ROHINGYA LANGUAGE AND LITERACY PROGRAM IN 2021
INTERNATIONAL RESCUE COMMITTEE, INC. - 6500 GREENVILLE AVE. SUITE 500 - DALLAS, TX 13-5660870	13-5660870	501(C)(3)	10,000.	0.			TO PROVIDE EMERGENCY SUPPORT OF FOOD, RENT AND UTILITIES ASSISTANCE TO THE IMMIGRANT COMMUNITIES
IRVING CARES, INC. 440 S. NURSERY ROAD SUITE 101 IRVING, TX 75-1436937	75-1436937	501(C)(3)	25,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
JEWISH FAMILY SERVICES OF DALLAS INCORPORATED - 5402 ARAPAHO ROAD - DALLAS, TX 75-1992728	75-1992728	501(C)(3)	30,000.	0.			TO SUPPORT THE FAMILY VIOLENCE PROGRAM.
JOLT INITIATIVE 4704-B E. CEASAR CHAVEZ, STE. 1 AUSTIN, TX 82-1708759	82-1708759	501(C)(3)	25,000.	0.			TO SUPPORT JOLT'S CIVIC ENGAGEMENT WORK IN TEXAS
JOURNEY4WARD 1848 LONE STAR RD SUITE 120 MANSFIELD, TX 47-3020787	47-3020787	501(C)(3)	30,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.

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JUBILEE PARK AND COMMUNITY CENTER CORPORATION - 917 BANK STREET - DALLAS, TX 75-2726296	75-2726296	501(C)(3)	10,000.	0.			TO SUPPORT SUMMER CAMP PROGRAMS.
JUNIOR PLAYERS GUILD 12225 GREENVILLE AVENUE SUITE 1020 DALLAS, TX 75-6061082	75-6061082	501(C)(3)	15,000.	0.			TO SUPPORT THE 2021/2022 TRANSFORMATION PROJECT DANCE RESIDENCY.
JUNIOR PLAYERS GUILD 12225 GREENVILLE AVENUE SUITE 1020 DALLAS, TX 75-6061082	75-6061082	501(C)(3)	6,400.	0.			TO SUPPORT INTEGRATING THE IF/THEN COLLECTION ASSETS INTO THE FULL STEAM AHEAD PROGRAM
KID NET FOUNDATION P.O. BOX 140085 DALLAS, TX 75-2389331	75-2389331	501(C)(3)	25,000.	0.			THESE FUNDS ARE DESIGNATED FOR THE FOSTER CARE AND ADOPTION PROGRAM.
KNOX COLLEGE OFFICE OF ADVANCEMENT BOX K 230 2 EAST SOUTH STREET - GALESBURG, IL 37-06735	37-0673513	501(C)(3)	30,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
LADDER ALLIANCE, INC. 1100 HEMPHILL STREET, SUITE 302 FORT WORTH, TX 06-1674011	06-1674011	501(C)(3)	7,000.	0.			TO PROVIDE PROGRAM SUPPORT
LEGACY COUNSELING CENTER 4054 MCKINNEY AVE. SUITE 102 DALLAS, TX 75-2296536	75-2296536	501(C)(3)	15,000.	0.			TO PROVIDE GENERAL OPERATING AND COVID-19 RELIEF
LIFTFUND INC. 2007 W. MARTIN STREET SAN ANTONIO, TX 74-2712770	74-2712770	501(C)(3)	30,000.	0.			TO PROVIDE GENERAL OPERATING AND COVID-19 RELIEF
LITERACY ACHIEVES 4144 N. CENTRAL EXPRESSWAY, SUITE 7 DALLAS, TX 75-2708992	75-2708992	501(C)(3)	15,000.	0.			TO SUPPORT ENGLISH LITERACY PROGRAMS AT THE VICKERY MEADOW CAMPUS

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LITERACY ACHIEVES 4144 N. CENTRAL EXPRESSWAY, SUITE 7 DALLAS, TX 75-2708992	75-2708992	501(C)(3)	7,000.	0.			TO SUPPORT THE ADULT ENGLISH LITERACY AND LIFE SKILLS PROGRAM.
LONE STAR JUSTICE ALLIANCE 1411 WEST AVE STE 200 AUSTIN, TX 82-2345921	82-2345921	501(C)(3)	30,000.	0.			TO PROVIDE PROGRAM SUPPORT AND COVID-19 RELIEF
LOS BARRIOS UNIDOS COMMUNITY CLINIC - 809 SINGLETON BLVD. - DALLAS, TX 75-1378664	75-1378664	501(C)(3)	30,000.	0.			TO SUPPORT THE OBSTETRICS PROGRAM AT THE LBU HEALTH CENTER (LBU) IN OAK CLIFF.
LUMIN EDUCATION 924 WAYNE STREET DALLAS, TX 75-1612054	75-1612054	501(C)(3)	10,000.	0.			TO PROVIDE PROGRAM SUPPORT
LUMIN EDUCATION 924 WAYNE STREET DALLAS, TX 75-1612054	75-1612054	501(C)(3)	15,000.	0.			TO PROVIDE PROGRAM SUPPORT
LUTHERAN SOCIAL SERVICES OF THE SOUTH INC. DBA UPBRING - 8305 CROSS PARK DRIVE - AUSTIN, TX 74-1109745	74-1109745	501(C)(3)	50,000.	0.			THESE FUNDS ARE DESIGNATED FOR THE ASCEND INITIATIVE PROGRAM IN DALLAS
MANEGAIT THERAPEUTIC HORSEMANSHIP 4261 E. UNIVERSITY DR. #30-253 PROSPER, TX 26-1525268	26-1525268	501(C)(3)	15,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
MEALS ON WHEELS OF COLLIN COUNTY 600 N. TENNESSEE MCKINNEY, TX 75-1544507	75-1544507	501(C)(3)	35,000.	0.			TO IMPLEMENT A PAPERLESS MEAL DELIVERY SYSTEM THAT WILL SAVE BOTH MONEY AND STAFF TIME, ALLOWING
MERCY STREET INC. 3801 HOLYSTONE STREET DALLAS, TX 45-0536344	45-0536344	501(C)(3)	20,000.	0.			TO SUPPORT MERCY STREET'S MENTORING PROGRAM.

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METHODIST JUSTICE MINISTRY OF FIRST UNITED METHODIST CHURCH - 750 W 5TH STREET - FORT WORTH, TX 20-4204172	20-4204172	501(C)(3)	30,000.	0.			TO SUPPORT LEGAL PROGRAMS AND SERVICES TO VICTIMS OF DOMESTIC VIOLENCE.
METHODIST RICHARDSON MEDICAL CENTER FOUNDATION - 2831 E. PRESIDENT GEORGE BUSH TURNPIKE - RICHARDSON, TX 75-1788520	75-1788520	501(C)(3)	10,000.	0.			TO SUPPORT THE ASIAN BREAST HEALTH PROJECT
METROCREST SERVICES 13801 HUTTON DR., SUITE 150 FARMERS BRANCH, TX 75-1548334	75-1548334	501(C)(3)	7,000.	0.			TO PROVIDE EMERGENCY RENT AND UTILITY ASSISTANCE
MOMENTOUS INSTITUTE 106 EAST 10TH ST DALLAS, TX 75-1855620	75-1855620	501(C)(3)	150,000.	0.			TO SUPPORT INNOVATION AND IMPACT PROGRAMMING
MOSAIC FAMILY SERVICES INC 12225 GREENVILLE AVENUE #800 DALLAS, TX 75-2484565	75-2484565	501(C)(3)	20,000.	0.			TO PROVIDE PROGRAM SUPPORT
MUSLIM AMERICAN LEADERSHIP ALLIANCE - 47 WEST DIVISION STREET ROOM 159 - CHICAGO, IL 47-3812096	47-3812096	501(C)(3)	15,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
MUSLIM COMMUNITY CENTER FOR HUMAN SERVICES - 7600 GLENVIEW DRIVE - RICHLAND HILLS, TX 75-2580088	75-2580088	501(C)(3)	30,000.	0.			TO PROVIDE PROGRAM SUPPORT
NATIONAL MATH AND SCIENCE INITIATIVE INC. - 91 NEWPORT PIKE STE 302 - GAP, PA 11-3769438	11-3769438	501(C)(3)	36,050.	0.			TO SUPPORT INTEGRATING THE IF/THEN COLLECTION IN THE SHE CAN STEM: NATIONWIDE EDUCATOR'S
NEST FOUNDATION 137 N. LARCHMONT BLVD, #427 LOS ANGELES, CA 20-1168581	20-1168581	501(C)(3)	150,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT

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NETWORK OF COMMUNITY MINISTRIES INC - 741 S. SHERMAN - RICHARDSON, TX 75-2060900	75-2060900	501(C)(3)	20,000.	0.			TO SUPPORT THE MOBILE FOOD PANTRY OPERATIONS
NEW FRIENDS NEW LIFE P.O. BOX 192378 DALLAS, TX 75-2820473	75-2820473	501(C)(3)	10,000.	0.			TO SUPPORT THE YOUTH RESOURCE CENTER (YRC)
NEW VENTURE FUND 1201 CONNECTICUT AVENUE NW #300 WASHINGTON, DC 20-5806345	20-5806345	501(C)(3)	100,000.	0.			TO SUPPORT THE TRUST FOR LEARNING'S EARLY CHILDHOOD EDUCATION PROGRAMMING IN TEXAS AND
NEXUS RECOVERY CENTER, INC. 8733 LA PRADA DALLAS, TX 23-7169388	23-7169388	501(C)(3)	25,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
NEXUS RECOVERY CENTER, INC. 8733 LA PRADA DALLAS, TX 23-7169388	23-7169388	501(C)(3)	75,000.	0.			THESE FUNDS ARE DESIGNATED FOR THE 50 FOR 50 ANNIVERSARY CAMPAIGN.
NORTH TEXAS ALLIANCE TO REDUCE UNINTENDED PREGNANCY IN TEENS (NTARUPT) - 624 N. GOOD-LATIMER, STE 100 - DALLAS, TX 81-0733915	81-0733915	501(C)(3)	10,000.	0.			TO SUPPORT THE NEW AND EXISTING STRATEGIES TO PROVIDE EDUCATIONAL CONTENT TO TEENS, PARENTS
NORTH TEXAS ALLIANCE TO REDUCE UNINTENDED PREGNANCY IN TEENS (NTARUPT) - 624 N. GOOD-LATIMER, STE 100 - DALLAS, TX 81-0733915	81-0733915	501(C)(3)	70,000.	0.			TO PROVIDE A ONE YEAR GRANT THAT FUNDS NTARUPT IN SUPPORTING THE YOUNG WOMEN'S ADVISORY COUNCIL
NORTH TEXAS PUBLIC BROADCASTING INC. - 3000 HARRY HINES BLVD - DALLAS, TX 75-2084961	75-2084961	501(C)(3)	10,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
NOTRE DAME OF DALLAS SCHOOLS INC. 2018 ALLEN STREET DALLAS, TX 75-2056943	75-2056943	501(C)(3)	25,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT

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NURSE-FAMILY PARTNERSHIP 1900 GRANT STREET, FOURTH FLOOR DENVER, CO 20-0234163	20-0234163	501(C)(3)	25,000.	0.			TO SUPPORT THE PHONES FOR FAMILIES PROJECT AND CONCURRENT EFFORTS TO ENHANCE TELEHEALTH
OAK CLIFF EMPOWERED INC. 1001 NORTH BISHOP AVENUE DALLAS, TX 26-1372146	26-1372146	501(C)(3)	15,000.	0.			FUNDS ARE DESIGNATED TO OAK CLIFF WORK TO PROVIDE HEALTHCARE TRAINING PROGRAMS FOR
ON THE ROAD LENDING 1500 N. LOOP 12 IRVING, TX 38-3910893	38-3910893	501(C)(3)	30,000.	0.			TO SUPPORT FINANCIAL COACHING, ECONOMIC CRISIS COUNSELING AND COVID-19 RELIEF EFFORTS
OUR FRIENDS PLACE 6500 GREENVILLE AVE SUITE 620 DALLAS, TX 75-2077719	75-2077719	501(C)(3)	10,000.	0.			TO PROVIDE BASIC NEEDS TO HOMELESS YOUNG WOMEN.
OUR FRIENDS PLACE 6501 GREENVILLE AVE SUITE 620 DALLAS, TX 75-2077719	75-2077719	501(C)(3)	25,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
OUR FRIENDS PLACE 6502 GREENVILLE AVE SUITE 620 DALLAS, TX 75-2077719	75-2077719	501(C)(3)	10,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
OUR LADY OF PERPETUAL HELP SCHOOL 7625 CORTLAND AVE DALLAS, TX 30-0439313	30-0439313	501(C)(3)	50,000.	0.			TO SUPPORT THE EARLY CHILDHOOD EDUCATION PROGRAM AND TUITION ASSISTANCE AS A RESULT OF
PARKLAND FOUNDATION 2777 N. STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75-2089180	75-2089180	501(C)(3)	500,000.	0.			FUNDS ARE DESIGNATED FOR THE EXPANSION AND OPERATION OF THE PARKLAND-UT SOUTHWESTERN
PARTNERSHIP FOR A NEW AMERICAN ECONOMY RESEARCH FUND - C/O GELLER AND COMPANY 909 THIRD STREET - NEW YORK, NY 27-3604435	27-3604435	501(C)(3)	75,000.	0.			THESE FUNDS ARE DESIGNATED TO SUPPORT THE NEW AMERICAN ECONOMY 2020 TEXAS STRATEGY.

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PEACEJAM FOUNDATION 11200 RALSTON RD ARVADA, CO 84-1349666	84-1349666	501(C)(3)	25,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT FOR THE NOBEL WOMEN'S INITIATIVE.
PEDIPLACE 502 SOUTH OLD ORCHARD LANE, SUITE 1 LEWISVILLE, TX 75-2512752	75-2512752	501(C)(3)	30,000.	0.			TO EXTEND HEALTHCARE TO LOW-INCOME, INFANTS, CHILDREN AND YOUTH IN THE COMMUNITY
PEROT MUSEUM OF NATURE & SCIENCE 2201 N. FIELD STREET DALLAS, TX 75-6067569	75-6067569	501(C)(3)	48,000.	0.			TO INTEGRATE THE IF/THEN COLLECTION INTO THE WHYNAUTS VIRTUAL, BILINGUAL FIELD TRIP
PLANNED PARENTHOOD OF GREATER TEXAS - 7424 GREENVILLE AVENUE, SUITE 206 - DALLAS, TX 52-1243220	52-1243220	501(C)(3)	10,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
POETIC P.O. BOX 132633 DALLAS, TX 82-2526057	82-2526057	501(C)(3)	10,000.	0.			TO PROVIDE COVID-19 RELIEF
PROMISE HOUSE INC. 224 WEST PAGE STREET DALLAS, TX 75-2180083	75-2180083	501(C)(3)	15,000.	0.			TO SUPPORT THE MATERNITY GROUP HOME PROGRAM (MGH)
PROMISE HOUSE INC. 224 WEST PAGE STREET DALLAS, TX 75-2180083	75-2180083	501(C)(3)	50,000.	0.			THESE FUNDS ARE DESIGNATED TO PROVIDE SHELTER FOR HOMELESS YOUTH.
RAINBOW DAYS, INC. 8150 N. CENTRAL EXPRESSWAY, SUITE M DALLAS, TX 75-1844908	75-1844908	501(C)(3)	15,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
RANCH HANDS RESCUE 9477 FORT WORTH DRIVE DENTON, TX 26-4610450	26-4610450	501(C)(3)	40,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT

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READERS 2 LEADERS P.O. BOX 19076 DALLAS, TX 90-0641325	90-0641325	501(C)(3)	10,000.	0.			THESE FUNDS ARE DESIGNATED FOR LITERACY PROGRAMS IN 2020-2021.
READERS 2 LEADERS P.O. BOX 19076 DALLAS, TX 90-0641325	90-0641325	501(C)(3)	15,000.	0.			THESE FUNDS ARE DESIGNATED FOR LITERACY TUTORING FOR AT-RISK EARLY CHILDHOOD STUDENTS
READING PARTNERS 2910 SWISS AVENUE DALLAS, TX 77-0568469	77-0568469	501(C)(3)	15,000.	0.			THESE FUNDS ARE DESIGNATED TO ASSIST AT-RISK CHILDREN IN THE DALLAS METROPLEX SCHOOLS
REAL SCHOOL GARDENS DBA OUT TEACH 1700 UNIVERSITY DRIVE FORT WORTH, TX 20-5946552	20-5946552	501(C)(3)	24,000.	0.			TO SUPPORT INTEGRATING THE IF/THEN COLLECTION ASSETS INTO OUT TEACH LESSON PLANS
REBECCA BENDER INITIATIVE 560 NE F STREET #A628 GRANTS PASS, OR 45-5100719	45-5100719	501(C)(3)	5,240.	0.			TO PROVIDE LEGAL FEE AID.
REBECCA BENDER INITIATIVE 560 NE F STREET #A628 GRANTS PASS, OR 45-5100719	45-5100719	501(C)(3)	6,496.	0.			TO PROVIDE LEGAL FEE AID.
ROSA ES ROJO INC. BOX 250435 PLANO, TX 81-3557997	81-3557997	501(C)(3)	30,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT AND COVID-19 RELIEF.
SAFEHAVEN OF TARRANT COUNTY 1010 NORTH CENTER STREET ARLINGTON, TX 75-1670281	75-1670281	501(C)(3)	25,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
SCHOLARSHOT 2904 SWISS AVE. DALLAS, TX 27-0232250	27-0232250	501(C)(3)	20,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT

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SENIOR CITIZENS OF GREATER DALLAS INC DBA THE SENIOR SOURCE - 3910 HARRY HINES BOULEVARD - DALLAS, TX 75-1085555	75-1085555	501(C)(3)	10,000.	0.			TO SUPPORT THE SENIOR COMPANION PROGRAM
SENIOR CITIZENS OF GREATER DALLAS INC. DBA THE SENIOR SOURCE - 3910 HARRY HINES - DALLAS, TX 75-1085555	75-1085555	501(C)(3)	10,000.	0.			TO SUPPORT THE FOSTER GRANDPARENT PROGRAM
SER JOBS FOR PROGRESS NATIONAL, INC. - 100 E. ROYAL LANE STE. 130 - IRVING, TX 85-0197752	85-0197752	501(C)(3)	35,000.	0.			THIS GRANT WILL BE USED TO PROVIDE NECESSITIES FOR THE EARLY HEAD START FAMILIES IN GRAND PRAIRIE
SHARED HOUSING CENTER, INC. 402 N. GOOD LATIMER EXPRESSWAY DALLAS, TX 75-2137522	75-2137522	501(C)(3)	10,000.	0.			TO SUPPORT INCREASED NEEDS AT SHELTERS DUE TO COVID-19.
SHARING LIFE COMMUNITY OUTREACH 3544 E. EMPORIUM CIRCLE MESQUITE, TX 75-2831756	75-2831756	501(C)(3)	10,000.	0.			TO PROVIDE FINANCIAL ASSISTANCE WITH RENT AND UTILITIES AS WELL AS BASIC NEEDS.
SHELTER MINISTRIES OF DALLAS DBA GENESIS WOMEN'S SHELTER & SUPPORT - 4411 LEMMON AVENUE, SUITE 201 - DALLAS, TX 75-1881365	75-1881365	501(C)(3)	10,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
SHILOH PLACE MCKINNEY P.O. BOX 2731 MCKINNEY, TX 45-2032784	45-2032784	501(C)(3)	12,500.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
SIMPLY GRACED P.O. BOX 180172 DALLAS, TX 45-3600435	45-3600435	501(C)(3)	10,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
SOUTHERN DALLAS LINK 3662 W. CAMP WISDOM ROAD #2044 DALLAS, TX 82-2392922	82-2392922	501(C)(3)	30,000.	0.			TO PROVIDE PROGRAM SUPPORT AND COVID-19 RELIEF

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SOUTHERN DALLAS LINK 3662 W. CAMP WISDOM ROAD #2044 DALLAS, TX 82-2392922	82-2392922	501(C)(3)	10,000.	0.			TO SUPPORT THE RIDE TO WORK PROGRAM
SOUTHERN METHODIST UNIVERSITY P.O. BOX 750100 DALLAS, TX 75-0800689	75-0800689	501(C)(3)	10,000.	0.			THIS GRANT IS DESIGNATED TO SUPPORT THE COX SCHOOL OF BUSINESS AT SMU BBA SUMMER RECRUITMENT
SPIDA INC. DBA BRASWELL CHILD DEVELOPMENT CENTER - 2203 SOUTH 2ND AVENUE - DALLAS, TX 75-2538361	75-2538361	501(C)(3)	30,000.	0.			TO PROVIDE PROGRAM SUPPORT AND COVID-19 RELIEF
ST. MARKS SCHOOL OF TEXAS 10600 PRESTON RD DALLAS, TX 75-0827460	75-0827460	501(C)(3)	10,000.	0.			TO SUPPORT THE WINN SCIENCE CENTER PROGRAMMING
ST. PHILIPS SCHOOL AND COMMUNITY CENTER - 1600 PENNSYLVANIA AVENUE - DALLAS, TX 75-1097360	75-1097360	501(C)(3)	40,000.	0.			TO SUPPORT THE EARLY CHILDHOOD PROGRAM.
STEP UP WOMENS NETWORK 510 S. HEWITT STREET#111 LOS ANGELES, CA 95-4701468	95-4701468	501(C)(3)	25,000.	0.			TO PROVIDE SUPPORT FOR STEP UP WOMEN'S NETWORK'S SKILL BUILDING AND MENTORSHIP
SUSAN G KOMEN GREATER FORT WORTH (GROUP#7164) - 2216 GREEN OAKS RD - FORT WORTH, TX 75-1835298	75-1835298	501(C)(3)	30,000.	0.			TO PROVIDE PROGRAM SUPPORT AND COVID-19 RELIEF
SYNERGOS INSTITUTE INC. 3 EAST 54TH STREET, 14TH FLOOR NEW YORK, NY 13-3392006	13-3392006	501(C)(3)	25,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
TALKSTEM 6255 PRESTONSHIRE LANE DALLAS, TX 81-0784576	81-0784576	501(C)(3)	30,000.	0.			TO DEVELOP THE TALK STEM IF/THEN EDUCATIONAL FELLOWS PROGRAM FOR MIDDLE SCHOOL TEACHERS

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TEACH FOR AMERICA INC.-DALLAS FORT WORTH REGION - 600 N. PEARL ST., STE. 2300 - DALLAS, TX 13-3541913	13-3541913	501(C)(3)	150,000.	0.			TO LAUNCH THE DFW EARLY CHILDHOOD EDUCATION INITIATIVE.
TECO THEATRICAL PRODUCTIONS INC. DBA BISHOP ARTS THEATRE CENTER - 215 S. TYLER STREET - DALLAS, TX 58-2069891	58-2069891	501(C)(3)	30,000.	0.			TO PROVIDE PROGRAM SUPPORT
TECO THEATRICAL PRODUCTIONS INC. DBA BISHOP ARTS THEATRE CENTER - 215 S. TYLER STREET - DALLAS, TX 58-2069891	58-2069891	501(C)(3)	30,000.	0.			TO PROVIDE PROGRAM SUPPORT
TECO THEATRICAL PRODUCTIONS INC. DBA BISHOP ARTS THEATRE CENTER - 215 S. TYLER STREET - DALLAS, TX 58-2069891	58-2069891	501(C)(3)	30,000.	0.			TO SUPPORT INTEGRATING THE IF/THEN COLLECTION ASSETS INTO THE THEATRE THROUGH THE LENS OF STEAM
TEXAS APPLESEED 1609 SHOAL CREEK BLVD. SUITE 201 AUSTIN, TX 74-2804268	74-2804268	501(C)(3)	15,000.	0.			TO SUPPORT THE FAIR FINANCIAL SERVICES PROJECT
TEXAS LOW INCOME HOUSING INFORMATION SERVICE - 1800 WEST 6TH STREET - AUSTIN, TX 74-2499910	74-2499910	501(C)(3)	25,000.	0.			TO SUPPORT HOUSING ADVOCACY PROGRAMS
TEXAS MUSLIM WOMEN'S FOUNDATION, INC. - P.O. BOX 863388 - PLANO, TX 20-3060929	20-3060929	501(C)(3)	10,000.	0.			TO SUPPORT THE WOMEN & REFUGEE ADVOCACY PROGRAM.
TEXAS MUSLIM WOMEN'S FOUNDATION, INC. - P.O. BOX 863388 - PLANO, TX 20-3060929	20-3060929	501(C)(3)	20,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
TEXAS TRIBUNE INC. 823 CONGRESS AVE. STE. 1400 AUSTIN, TX 26-4527097	26-4527097	501(C)(3)	150,000.	0.			TO SUPPORT JOURNALISM IN THE PUBLIC INTEREST; INCLUDING COVERAGE OF THE CORONAVIRUS.

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS TRIBUNE INC. 824 CONGRESS AVE. STE. 1400 AUSTIN, TX 26-4527097	26-4527097	501(C)(3)	15,000.	0.			THIS FUNDING WILL BE USED TO SUPPORT NONPARTISAN JOURNALISM, RAISING AWARENESS OF ISSUES
TEXPROTECTS 1341 W. MOCKINGBIRD LN STE 560W DALLAS, TX 46-1332547	46-1332547	501(C)(3)	300,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
THE GEMS CAMP 1408 N. RIVERFRONT BLVD., #249 DALLAS, TX 46-3363376	46-3363376	501(C)(3)	8,000.	0.			TO CONDUCT 2-WEEK SUMMER VIRTUAL CAMPS FOR 120 MIDDLE SCHOOL GIRLS OF COLOR
THE GEMS CAMP 1408 N. RIVERFRONT BLVD., #249 DALLAS, TX 46-3363376	46-3363376	501(C)(3)	20,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
THE MAGDALEN HOUSE, INC. 1302 REDWOOD CIRCLE DALLAS, TX 75-2178327	75-2178327	501(C)(3)	30,000.	0.			TO SUPPORT THE SOCIAL DETOX PROGRAM
THE SALVATION ARMY OF NORTH TEXAS AREA COMMAND - 8787 N. STEMMONS FRWY.. # 800 - DALLAS, TX 58-0660607	58-0660607	501(C)(3)	30,000.	0.			TO SUPPORT THE SIMON PROGRAM, WHICH FOCUSES ON HOMELESS SINGLE WOMEN WITH CO-OCCURRING
TR HOOVER COMMUNITY DEVELOPMENT CORPORATION INC. - 5106 BEXAR STREET - DALLAS, TX 75-2700136	75-2700136	501(C)(3)	7,486.	0.			TO SUPPORT FOR THE HOOVER TECH CENTER
TRACE MEDIA, INC. (THE TRACE) P.O. BOX 24532 BROOKLYN, NY 47-4175513	47-4175513	501(C)(3)	50,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
UNBOUND 5049 TRAIL LAKE DR. FORT WORTH, TX 83-1628641	83-1628641	501(C)(3)	30,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNDER 1 ROOF 5787 S HAMPTON STE 270 DALLAS, TX 80-0765001	80-0765001	501(C)(3)	15,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
UNDER 1 ROOF 5787 S HAMPTON STE 270 DALLAS, TX 80-0765001	80-0765001	501(C)(3)	30,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT AND COVID-19 RELIEF
UNITED TO LEARN 5310 HARVEST HILL RD., STE 190 DALLAS, TX 82-2121965	82-2121965	501(C)(3)	8,500.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
UNITED TO LEARN 5310 HARVEST HILL RD., STE 190 DALLAS, TX 82-2121965	82-2121965	501(C)(3)	35,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
UNITED TO LEARN 5310 HARVEST HILL RD., STE 190 DALLAS, TX 82-2121965	82-2121965	501(C)(3)	20,000.	0.			TO SUPPORT INCORPORATING THE IF/THEN COLLECTION ASSETS IN STEM SCHOOL LABS, STEM CAREER DAYS,
UNITED TO LEARN 5310 HARVEST HILL RD., STE 190 DALLAS, TX 82-2121965	82-2121965	501(C)(3)	500,000.	0.			THESE FUNDS ARE DESIGNATED FOR THE PROGRAM EXPANSION OF DISD CAMPUSES ACROSS THE
UNITED WAY OF METROPOLITAN DALLAS, INC. - 1800 N. LAMAR - DALLAS, TX 75-6005352	75-6005352	501(C)(3)	10,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
UNIVERSITY OF TEXAS AT ARLINGTON SCHOOL OF SOCIAL WORK BOX 19108 301 W. NEDDERMAN DR - ARLINGTON, TX 75-60001	75-6000121	501(C)(3)	325,000.	0.			THESE FUNDS ARE DESIGNATED FOR THE INITIAL YEAR OF THE SOCIAL POLICY EDUCATION
UPLIFT EDUCATION 1825 MARKET CENTER BLVD SUITE 500 DALLAS, TX 75-2659683	75-2659683	501(C)(3)	13,200.	0.			TO SUPPORT PRINTING AND PRODUCTION OF POSTERS INCORPORATING THE IF/THEN COLLECTION ASSETS FOR 43

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN TEACHER CENTER INC. 1800 WASHINGTON BLVD, SUITE 411 BALTIMORE, MD 27-0989006	27-0989006	501(C)(3)	100,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
VICKERY MEADOW YOUTH DEVELOPMENT FOUNDATION - 4809 COLE AVENUE #375 - DALLAS, TX 26-1199982	26-1199982	501(C)(3)	20,000.	0.			TO PROVIDE MENTAL HEALTH SUPPORT AND ENRICHMENT ACTIVITIES
VIOLA'S HOUSE 1819 MARTIN LUTHER KING JR. BLVD DALLAS, TX 46-3200741	46-3200741	501(C)(3)	9,786.	0.			TO HELP FUND THE NEW BABY BENEFIT STORE IN 2021, WHICH WILL PROVIDE FREE AND LOW-COST BABY
VIOLA'S HOUSE 1819 MARTIN LUTHER KING JR. BLVD DALLAS, TX 46-3200741	46-3200741	501(C)(3)	15,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT AND COVID-19 RELIEF
WARREN CENTER INC. 320 CUSTER ROAD RICHARDSON, TX 75-1282040	75-1282040	501(C)(3)	25,000.	0.			THESE FUNDS ARE DESIGNATED FOR THERAPY AND ASSESSMENT SERVICES.
WESLEY-RANKIN COMMUNITY CENTER ATTN: KATHY STUTESMAN 3100 CROSSMAN AVENUE - DALLAS, TX 75-0808775	75-0808775	501(C)(3)	25,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
WILKINSON CENTER P.O. BOX 720248 DALLAS, TX 75-2712117	75-2712117	501(C)(3)	15,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
WILKINSON CENTER P.O. BOX 720248 DALLAS, TX 75-2712117	75-2712117	501(C)(3)	25,000.	0.			THESE FUNDS ARE DESIGNATED FOR THE FAMILIES IN CRISIS PROGRAM
WOMEN IN NEED OF GENEROUS SUPPORT (WINGS) - 2603 INWOOD RD - DALLAS, TX 75-0800699	75-0800699	501(C)(3)	25,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN MOVING MILLIONS INC. 19 FULTON ST., STE 301 NEW YORK, NY 45-2576859	45-2576859	501(C)(3)	10,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
WOMEN'S FUNDING NETWORK 57 POST ST. SUITE 801 MECHANICS INSTITUTE - SAN FRANCISCO, CA 41-1685134	41-1685134	501(C)(3)	10,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
WOVEN HEALTH CLINIC (FORMERLY ON EAGLES WINGS INC. DBA METROCREST COMMUNITY CLIN - 1 MEDICAL PKWY, PLAZA 1, STE 149 - FARMERS BRANCH,	75-2616002	501(C)(3)	10,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
YOUNG INVINCIBLES 401 BRANARD STREET, SUITE 116 HOUSTON, TX 46-2214021	46-2214021	501(C)(3)	20,000.	0.			TO SUPPORT MULTIPLE POSTSECONDARY ADVOCACY INITIATIVES DURING THE INTERIM LEGISLATIVE
YOUNG WOMEN'S PREPARATORY NETWORK 1722 ROUTH STREET SUITE 720 DALLAS, TX 47-0902114	47-0902114	501(C)(3)	30,000.	0.			TO SUPPORT INTEGRATING THE IF/THEN COLLECTION ASSETS THROUGHOUT THE WORK OF THE NETWORK'S
YOUNG WOMEN'S PREPARATORY NETWORK 1722 ROUTH STREET SUITE 720 DALLAS, TX 47-0902114	47-0902114	501(C)(3)	10,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
YOUNG WOMEN'S PREPARATORY NETWORK 1722 ROUTH STREET SUITE 720 DALLAS, TX 47-0902114	47-0902114	501(C)(3)	50,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
YOUNG WOMEN'S PREPARATORY NETWORK 1722 ROUTH STREET SUITE 720 DALLAS, TX 47-0902114	47-0902114	501(C)(3)	50,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
ZAN WESLEY HOLMES, JR. COMMUNITY OUTREACH CENTER - 4600 SPRING AVE - DALLAS, TX 27-0054084	27-0054084	501(C)(3)	22,800.	0.			TO SUPPORT THE FINANCIAL WELLNESS VILLAGE AND PROVIDE COVID-19 RELIEF

Schedule I (Form 990)

**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
MICROGRANTS TO WOMEN COMMUNITY LEADERS	7	11,829.	0.		

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

**PART I, LINE 2:**

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

**Part IV** Supplemental Information

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ABIDE WOMENS HEALTH SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PRE-NATAL AND POST-PARTUM SERVICES THROUGH TELEHEALTH AND IN-PERSON VISITS TO WOMEN, PRIMARILY IN SOUTH DALLAS.

NAME OF ORGANIZATION OR GOVERNMENT: ABIDE WOMENS HEALTH SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP FILL IN THE GAP BY PROVIDING FINANCIAL AND SOCIAL SUPPORT TO BLACK STUDENT MIDWIVES THROUGH THEIR SCHOLARSHIP FUND, MENTORING AND PRECEPTORSHIP.

NAME OF ORGANIZATION OR GOVERNMENT: ALLIANCE FOR JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE BOLDER ADVOCACY PROGRAM, WHICH PROVIDES CUSTOMIZED TRAINING AND SUPPORT TO ORGANIZATIONS SEEKING TO ADVANCE THEIR MISSIONS THROUGH ADVOCACY AND CIVIC ENGAGEMENT.

NAME OF ORGANIZATION OR GOVERNMENT:

**Part IV** Supplemental Information

BAYLOR UNIVERSITY LOUISE HERRINGTON SCHOOL OF NURSING

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SCHOLARSHIP SUPPORT FOR THE FASTBACC PROGRAM, WHICH IS A 12-MONTH ACCELERATED TRACK FOR A POST-BACCALAUREATE BSN PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: BRIGHTER TOMORROWS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CONTINUATION OF COUNSELING SERVICES, CRISIS INTERVENTION, ACTIVE ADVOCACY, COMMUNITY AWARENESS EFFORTS, SAFETY SERVICES, AND GENERAL OPERATIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES DIOCESE OF FORT WORTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PADUA PROGRAM, PAYING FOR TARGETED FINANCIAL ASSISTANCE AND EMPLOYEE COMPENSATION FOR CASE MANAGERS AND CASEWORKERS.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR SURVIVORS OF TORTURE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE HIGH-QUALITY, HOLISTIC, STRENGTHS-BASED, TRAUMA-INFORMED SERVICES TO FEMALE SURVIVORS OF TORTURE AND THEIR FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: CHOCOLATE MINT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SOCIAL SERVICE PROGRAMS THAT PROVIDE FOOD AND RESOURCES TO FAMILIES, SENIORS AND YOUTH.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITIES IN SCHOOLS OF NORTH TEXAS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE CASE MANAGEMENT SERVICES FOR 2,310 GIRLS WHO ARE AT-RISK OF DROPPING OUT OF SCHOOL DURING THE



**Part IV** Supplemental Information

2021-2022 SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT:

DALLAS ARBORETUM & BOTANICAL SOCIETY INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT DIGITAL INTEGRATION OF THE IF/THEN COLLECTION INTO STEM EDUCATION IN THE RORY MEYERS CHILDREN'S ADVENTURE GARDEN.

NAME OF ORGANIZATION OR GOVERNMENT:

EARL CARL INSTITUTE FOR LEGAL AND SOCIAL POLICY INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE A GRANT THAT FUNDS EARL CARL INSTITUTE FOR LEGAL AND SOCIAL POLICY INC. IN SUPPORTING THE YOUNG WOMEN'S ADVISORY COUNCIL (YWAC) OF HOUSTON FOR THE SUMMER COHORT OF 2021

NAME OF ORGANIZATION OR GOVERNMENT:

EARL CARL INSTITUTE FOR LEGAL AND SOCIAL POLICY INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE WORK OF THE EARL CARL INSTITUTE'S BLACK GIRLS' INITIATIVE INCLUDING STIPENDS FOR YOUNG WOMEN ENGAGING THE COMMUNITY AS PART OF THE INITIATIVE IN HOUSTON

NAME OF ORGANIZATION OR GOVERNMENT:

EARL CARL INSTITUTE FOR LEGAL AND SOCIAL POLICY INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE WORK OF THE EARL CARL INSTITUTE'S BLACK GIRLS' INITIATIVE INCLUDING STIPENDS FOR YOUNG WOMEN ENGAGING THE COMMUNITY AS PART OF THE INITIATIVE AND THE YOUNG WOMEN'S LISTENING SESSION IN HOUSTON.

NAME OF ORGANIZATION OR GOVERNMENT: EDUCATIONAL FIRST STEPS

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT FOUR STEPS TO EXCELLENCE 2.0, THAT PROVIDES THE EVIDENCE-BASED TRAINING, MENTORING, AND COMPREHENSIVE RESOURCE SUPPORT, ALL AT NO COST TO EDUCATORS, FAMILIES, AND COMMUNITIES, NEEDED TO HELP CHILDCARE CENTERS ACHIEVE NATIONAL ACCREDITA

NAME OF ORGANIZATION OR GOVERNMENT: EMILY'S PLACE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WILL PROVIDE FINANCIAL SUPPORT FOR THE EXPANDED DIRECT SERVICES PROGRAM, SERVING APPROXIMATELY 80 WOMEN. THIS IS A XIX SOCIETY GRANT.COLLIN

NAME OF ORGANIZATION OR GOVERNMENT:

FAITH AND PHILANTHROPY INSTITUTE (ALLIANCE FOR GREATER WORKS)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE HEALING YOUTH ALLIANCE 3.0 PROGRAM WHICH SUPPORTS THE MENTAL HEALTH, RESILIENCE, AND WELL-BEING OF GIRLS OF COLOR AND THEIR FAMILIES IN NORTH TEXAS.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY COMPASS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PROGRAMMING COSTS ASSOCIATED WITH TWO HOME MENTORING PROGRAMS (PARENT AIDE AND GROWING AS PARENTS) SERVING BOTH DALLAS AND COLLIN COUNTIES.

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF SOLAR PREP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT INCORPORATING THE IF/THEN COLLECTION ASSETS THROUGHOUT THE ALL-GIRLS STEAM FOCUSED SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT: FRONTIERS OF FLIGHT MUSEUM INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT INTEGRATING THE IF/THEN

**Part IV** Supplemental Information

COLLECTION INTO THE WOMEN IN AEROSPACE/YOUTH STEM INITIATIVE INCLUDING EXHIBITS AT THE FRONTIERS OF FLIGHT MUSEUM

NAME OF ORGANIZATION OR GOVERNMENT: GASTON CHRISTIAN CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: THESE FUNDS ARE DESIGNATED FOR CAPITAL IMPROVEMENT OF THE FACILITIES LOCATED AT 8500 GREENVILLE AVENUE, DALLAS, TEXAS.

NAME OF ORGANIZATION OR GOVERNMENT: GIRLSTART

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CONTINUATION OF GIRLSTART AFTER SCHOOL AND GIRLSTART SUMMER CAMP PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: HEALING HANDS MINISTRIES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THESE FUNDS ARE DESIGNATED FOR THE THIRD FLOOR EXPANSION OF THE PEDIATRIC HEALTH CENTER, AS OUTLINED IN YOUR PROPOSAL.

NAME OF ORGANIZATION OR GOVERNMENT:

HUMAN RIGHTS INITIATIVE OF NORTH TEXAS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE OPERATING SUPPORT FOR LEGAL AND SOCIAL SERVICES FOR VIOLENCE AGAINST WOMEN ACT (VAWA) CLIENTS.

NAME OF ORGANIZATION OR GOVERNMENT: INTERNATIONAL RESCUE COMMITTEE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EMERGENCY SUPPORT OF FOOD, RENT AND UTILITIES ASSISTANCE TO THE IMMIGRANT COMMUNITIES WHO HAVE BEEN IMPACTED BY COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: MEALS ON WHEELS OF COLLIN COUNTY

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPLEMENT A PAPERLESS MEAL DELIVERY SYSTEM THAT WILL SAVE BOTH MONEY AND STAFF TIME, ALLOWING MOWCC TO SERVE MORE CLIENTS LONG-TERM AND EVEN SAVE LIVES.

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL MATH AND SCIENCE INITIATIVE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT INTEGRATING THE IF/THEN COLLECTION IN THE SHE CAN STEM: NATIONWIDE EDUCATOR'S EMBRACE GENDER EQUITY

NAME OF ORGANIZATION OR GOVERNMENT: NEW VENTURE FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE TRUST FOR LEARNING'S EARLY CHILDHOOD EDUCATION PROGRAMMING IN TEXAS AND DALLAS.

NAME OF ORGANIZATION OR GOVERNMENT:

NORTH TEXAS ALLIANCE TO REDUCE UNINTENDED PREGNANCY IN TEENS (NTARUPT)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE NEW AND EXISTING STRATEGIES TO PROVIDE EDUCATIONAL CONTENT TO TEENS, PARENTS AND THE COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT:

NORTH TEXAS ALLIANCE TO REDUCE UNINTENDED PREGNANCY IN TEENS (NTARUPT)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE A ONE YEAR GRANT THAT FUNDS NTARUPT IN SUPPORTING THE YOUNG WOMEN'S ADVISORY COUNCIL (YWAC) FOR THE SECOND YEAR OF ITS EXISTENCE

NAME OF ORGANIZATION OR GOVERNMENT: NURSE-FAMILY PARTNERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PHONES FOR FAMILIES

**Part IV** Supplemental Information

PROJECT AND CONCURRENT EFFORTS TO ENHANCE TELEHEALTH SERVICES AND NURSE EDUCATION IN TEXAS.

NAME OF ORGANIZATION OR GOVERNMENT: OAK CLIFF EMPOWERED INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS ARE DESIGNATED TO OAK CLIFF WORK TO PROVIDE HEALTHCARE TRAINING PROGRAMS FOR LOW-INCOME INDIVIDUALS IN DALLAS DURING THE COVID-19 PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT: OUR LADY OF PERPETUAL HELP SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE EARLY CHILDHOOD EDUCATION PROGRAM AND TUITION ASSISTANCE AS A RESULT OF COVID-19.

NAME OF ORGANIZATION OR GOVERNMENT: PARKLAND FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS ARE DESIGNATED FOR THE EXPANSION AND OPERATION OF THE PARKLAND-UT SOUTHWESTERN MEDICAL CENTER OBSTETRICS RESEARCH PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: PEROT MUSEUM OF NATURE & SCIENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INTEGRATE THE IF/THEN COLLECTION INTO THE WHYNAUTS VIRTUAL, BILINGUAL FIELD TRIP SERIES

NAME OF ORGANIZATION OR GOVERNMENT: READING PARTNERS

(H) PURPOSE OF GRANT OR ASSISTANCE: THESE FUNDS ARE DESIGNATED TO ASSIST AT-RISK CHILDREN IN THE DALLAS METROPLEX SCHOOLS TO READ AT GRADE LEVEL BY FOURTH GRADE

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

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WILL BE USED TO PROVIDE

**Part IV** Supplemental Information

NECESSITIES FOR THE EARLY HEAD START FAMILIES IN GRAND PRAIRIE AND SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM PARTICIPANTS IN FORT WORTH.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHERN METHODIST UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT IS DESIGNATED TO SUPPORT THE COX SCHOOL OF BUSINESS AT SMU BBA SUMMER RECRUITMENT PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: STEP UP WOMENS NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT FOR STEP UP WOMEN'S NETWORK'S SKILL BUILDING AND MENTORSHIP PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT:

TECO THEATRICAL PRODUCTIONS INC. DBA BISHOP ARTS THEATRE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT INTEGRATING THE IF/THEN COLLECTION ASSETS INTO THE THEATRE THROUGH THE LENS OF STEAM PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: TEXAS TRIBUNE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS FUNDING WILL BE USED TO SUPPORT NONPARTISAN JOURNALISM, RAISING AWARENESS OF ISSUES AFFECTING TEXAS' WOMEN AND FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT:

THE SALVATION ARMY OF NORTH TEXAS AREA COMMAND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE SIMON PROGRAM, WHICH FOCUSES ON HOMELESS SINGLE WOMEN WITH CO-OCCURRING DISORDERS INVOLVING A MENTAL HEALTH DIAGNOSIS AND A SUBSTANCE ABUSE DISORDER

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: UNITED TO LEARN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT INCORPORATING THE IF/THEN COLLECTION ASSETS IN STEM SCHOOL LABS, STEM CAREER DAYS, STEM ENRICHMENT OPPORTUNITIES FOR STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT: UNITED TO LEARN

(H) PURPOSE OF GRANT OR ASSISTANCE: THESE FUNDS ARE DESIGNATED FOR THE PROGRAM EXPANSION OF DISD CAMPUSES ACROSS THE SOUTHERN SECTOR.

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF TEXAS AT ARLINGTON

(H) PURPOSE OF GRANT OR ASSISTANCE: THESE FUNDS ARE DESIGNATED FOR THE INITIAL YEAR OF THE SOCIAL POLICY EDUCATION ADVOCACY & KNOWLEDGE (SPEAK) PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: UPLIFT EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PRINTING AND PRODUCTION OF POSTERS INCORPORATING THE IF/THEN COLLECTION ASSETS FOR 43 SCHOOL CAMPUSES IN NORTH TEXAS

NAME OF ORGANIZATION OR GOVERNMENT: VIOLA'S HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP FUND THE NEW BABY BENEFIT STORE IN 2021, WHICH WILL PROVIDE FREE AND LOW-COST BABY CLOTHING AND ACCESSORIES TO THE SOUTH DALLAS COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: YOUNG INVINCIBLES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT MULTIPLE POSTSECONDARY ADVOCACY INITIATIVES DURING THE INTERIM LEGISLATIVE PERIOD AND TEXAS' 87TH LEGISLATIVE SESSION

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: YOUNG WOMEN'S PREPARATORY NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT INTEGRATING THE IF/THEN COLLECTION ASSETS THROUGHOUT THE WORK OF THE NETWORK'S FOCUS ON WOMEN AND STEM IN YWPN SCHOOLS.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)        |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

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

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

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

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

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

Schedule J (Form 990) 2020

**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 compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROSLYN DAWSON THOMPSON PRESIDENT & CEO	(i)	234,329.	0.	762.	8,887.	7,145.	251,123.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DENA JACKSON COO	(i)	180,785.	0.	258.	9,390.	10,462.	200,895.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAWN HOOPER VP - FINANCE & OPERATIONS / CFO	(i)	150,141.	0.	153.	6,053.	7,145.	163,492.	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)							
	(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. NO BONUSES WERE GIVEN IN 2020.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	10	604,944.	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 ( FOOD )	X	1	500.	
26 Other ( )				
27 Other ( )				
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**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2020

**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.

Multiple horizontal lines for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

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

OMB No. 1545-0047

**2020**

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, 2021, TEXAS WOMEN'S FOUNDATION'S INVESTED \$4.1 MILLION  
IN ECONOMIC SECURITY GRANTS, RESEARCH AND PROGRAMS THAT IMPACTED WOMEN  
AND GIRLS ACCROSS TEXAS.

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

TEXAS WOMEN'S FOUNDATION INVESTED \$5.9 MILLION IN EMPOWERING WOMEN'S  
PHILANTHROPY INCLUDING GRANTS FROM DONOR ADVISED FUNDS AND GIVING  
CIRCLES NOT ADDRESSING ECONOMIC SECURITY OR LEADERSHIP INITIATIVES.

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

OTHER MISSION EXPENSES INCLUDE GENERAL PROGRAM EXPENSES AND GRANTS THAT  
DO NOT FIT INTO THE OTHER CATEGORIES.  
EXPENSES \$ 650,275. INCLUDING GRANTS OF \$ 10,510. REVENUE \$ 0.

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

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

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

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

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

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	73,028.
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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

TEXAS WOMEN'S FOUNDATION

Employer identification number

75-2048261

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

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

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

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

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

Schedule R (Form 990) 2020





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

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

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

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

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

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

