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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

A For the 2017 calendar year, or tax year beginning 07/01, 2017, and ending 06/30, 2018

B Check if applicable

- ☐ Address change
☒ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
TEXAS WOMEN'S FOUNDATION

Doing business as

Number and street (or P O box if mail is not delivered to street address)

8150 NORTH CENTRAL EXPY., SUITE 110

City or town, state or province, country, and ZIP or foreign postal code

DALLAS, TX 75206

F Name and address of principal officer
ROSALYN DAWSON THOMPSON

8150 NORTH CENTRAL EXPY., #110 DALLAS, TX 75206

D Employer identification number

75-2048261

E Telephone number

(214) 525-5310

G Gross receipts \$ 7,954,350.

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☒ No

If "No," attach a list (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

J Website WWW.TXWF.ORG

H(c) Group exemption number

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ☐ L Year of formation 1985 M State of legal domicile TX**Part I Summary**1 Briefly describe the organization's mission or most significant activities **TEXAS WOMEN'S FOUNDATION INVESTS IN WOMEN AND GIRLS AND EMPOWERS WOMEN'S PHILANTHROPY TO BUILD A BETTER WORLD.**2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) 3 46.

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 46.

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 17.

6 Total number of volunteers (estimate if necessary) 6 285.

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.

7b Net unrelated business taxable income from Form 990-T, line 3 7b 3,500.

8 Contributions and grants (Part VIII, line 1h) 8 6,709,826.

9 Program service revenue (Part VIII, line 2g) 9 179,500.

10 Investment income (Part VIII, column (A), lines 3, 4, and 7) 10 871,116.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8, 9c, 10d, and 11e) 11 -118,704.

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 7,641,738.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 4,505,118.

14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0.

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 1,928,321.

16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0.

16b Total fundraising expenses (Part IX, column (D), line 25) 16b 1,260,956.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 1,557,145.

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 18 7,990,584.

19 Revenue less expenses Subtract line 18 from line 12 19 -348,846.

20 Total assets (Part X, line 16) 20 33,740,910.

21 Total liabilities (Part X, line 26) 21 424,178.

22 Net assets or fund balances Subtract line 21 from line 20 22 33,316,732.

Beginning of Current Year End of Year

33,740,910. 35,074,337.

424,178. 3,618,928.

33,316,732. 31,455,409.

Part II Signature Block

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

Sign Here

Signature of officer

ROSALYN DAWSON THOMPSON

PRESIDENT & CEO

Type or print name and title

Date 3-7-19

Paid

Preparer Use Only

Print/Type preparer's name

BRUCE E BERNSTIEN

Preparer's signature

Bruce E Bernstien

Date

3/9/19

Check ☐ if self-employed

PTIN

P01424343

Firm's name BRUCE E BERNSTIEN & ASSOCIATES

Firm's EIN

Firm's address 10440 N CENTRAL EXPRESSWAY STE 1040 DALLAS, TX 75231

Phone no 214-706-0840

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2017)

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PAGE 1

5

Part III Statement of Program Service AccomplishmentsCheck 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 INVESTS IN WOMEN AND GIRLS AND EMPOWERS
WOMEN'S PHILANTHROPY TO BUILD A BETTER WORLD.

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 ☒ No

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(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 \$ 7,770,418. including grants of \$ 6,600,032.) (Revenue \$)

GRANTMAKING: BY INVESTING IN EXCEPTIONAL PROGRAMS THAT IMPACT
WOMEN AND GIRLS, TEXAS WOMEN'S FOUNDATION ADVANCES POSITIVE SOCIAL
AND ECONOMIC CHANGE. USING A COMPETITIVE GRANTS PROCESS, TEXAS
WOMEN'S FOUNDATION VOLUNTEERS AND STAFF IDENTIFY THE BEST
INVESTMENTS FOR HELPING WOMEN AND GIRLS, INCLUDING INITIATIVES ON
HEALTH AND SAFETY, EDUCATION, LEADERSHIP AND ECONOMIC SECURITY.
DURING THE YEAR ENDED JUNE 30, 2018, TEXAS WOMEN'S FOUNDATION
AWARDED 198 GRANTS TO 144 AGENCIES WITH GRANTS RANGING FROM \$500
TO \$400,000.

4b (Code) (Expenses \$ 475,600. including grants of \$ 91,000.) (Revenue \$ 91,385.)

ATTACHMENT 1

4c (Code) (Expenses \$ 120,461. including grants of \$ 70,000.) (Revenue \$)

ATTACHMENT 2

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 8,366,479.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	☒	☐
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	☒	☐
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	☐	☒
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	☒	☐
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? If "Yes," complete Schedule C, Part III.	☐	☒
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? If "Yes," complete Schedule D, Part I.	☒	☐
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	☐	☒
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	☐	☒
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	☐	☒
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	☒	☐
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? If "Yes," complete Schedule D, Part VI.	☒	☐
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	☐	☒
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? If "Yes," complete Schedule D, Part VIII.	☐	☒
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? If "Yes," complete Schedule D, Part IX.	☐	☒
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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)? If "Yes," complete Schedule D, Part X.	☒	☐
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	☒	☐
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	☐	☒
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	☐	☒
14a Did the organization maintain an office, employees, or agents outside of the United States?	☐	☒
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	☐	☒
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	☐	☒
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	☐	☒
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	☐	☒
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	☒	☐
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	☐	☒

Form 990 (2017)

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		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? If "Yes," complete Schedule I, Parts I and II.	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.		X
28 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)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 41		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 17		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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)			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
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		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒ X

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	46	
1b Enter the number of voting members included in line 1a, above, who are independent	46	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ►

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)

19 Describe in 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 ►
 ROSLYN DAWSON THOMPSON 8150 NORTH CENTRAL EXPY., #110 DALLAS, TX 75206 214-525-5310

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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 dotted 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) BONNER ALLEN DIRECTOR	2.00 0.	X						0.	0.	0.
(2) CHERYL ALSTON CHAIR - INVESTMENT ADVISOR	2.00 0.	X						0.	0.	0.
(3) ANGIE BAIN DIRECTOR	2.00 0.	X						0.	0.	0.
(4) ELLENORE BAKER DIRECTOR, PAST CHAIR	2.00 0.	X						0.	0.	0.
(5) PHYLLIS FISHMAN BERNSTEIN CO-CHAIR GRANT REVIEW	2.00 0.	X						0.	0.	0.
(6) JENNIFER BIRY DIRECTOR, TREASURER	4.00 0.	X		X				0.	0.	0.
(7) LAEL BRODSKY DIRECTOR	2.00 0.	X						0.	0.	0.
(8) A. SHONN BROWN DIRECTOR	2.00 0.	X						0.	0.	0.
(9) BONNIE CLINTON DIRECTOR	2.00 0.	X						0.	0.	0.
(10) JENNIFER COLLINS DIRECTOR	2.00 0.	X						0.	0.	0.
(11) PATSY FAGADAU DIRECTOR	2.00 0.	X						0.	0.	0.
(12) THERESA FLORES DIRECTOR	2.00 0.	X						0.	0.	0.
(13) HILDA GALVAN DIRECTOR	2.00 0.	X						0.	0.	0.
(14) SARA GARCIA DURAN DIRECTOR	2.00 0.	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 dotted 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			
15) TERESA GILTNER DIRECTOR, CREW REPRESENTATIVE	2.00 0.	X						0.	0.	0.
16) BEV GOULET DIRECTOR, SECRETARY	4.00 0.	X		X				0.	0.	0.
17) GAIL GRISWOLD DIRECTOR	2.00 0.	X						0.	0.	0.
18) JANICE HARISSIS DIRECTOR, CHAIR - AUDIT	2.00 0.	X						0.	0.	0.
19) MARY HATCHER DIRECTOR	2.00 0.	X						0.	0.	0.
20) BETSY HEALY DIRECTOR	2.00 0.	X						0.	0.	0.
21) MICHELLE HUDSON DIRECTOR	2.00 0.	X						0.	0.	0.
22) JANE ROSE HURST DIRECTOR	2.00 0.	X						0.	0.	0.
23) WEI WEI JEANG DIRECTOR	2.00 0.	X						0.	0.	0.
24) KERI KAISER DIRECTOR	2.00 0.	X						0.	0.	0.
25) MARGARET KELIHER DIRECTOR	2.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								709,216.	0.	29,930.
d Total (add lines 1b and 1c)								709,216.	0.	29,930.

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 **4**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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
1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **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 dotted 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			
26) CAREN LOCK ----- DIRECTOR, CHAIR	4.00 0.	X		X				0.	0.	0.
27) GWEN MCKINNEY ----- DIRECTOR	2.00 0.	X						0.	0.	0.
28) MARIA MENDEZ ----- DIRECTOR	2.00 0.	X						0.	0.	0.
29) TRACY MERZI ----- DIRECTOR	2.00 0.	X						0.	0.	0.
30) LISA MONTGOMERY ----- DIRECTOR	2.00 0.	X						0.	0.	0.
31) JENNIFER EVANS MORRIS ----- DIRECTOR	2.00 0.	X						0.	0.	0.
32) TONI MUÑOZ-HUNT ----- CO-CHAIR GRANT REVIEW	2.00 0.	X						0.	0.	0.
33) LAURA NIETO ----- DIRECTOR	2.00 0.	X						0.	0.	0.
34) MARCIA PAGE ----- DIRECTOR	2.00 0.	X						0.	0.	0.
35) CARRIE FREEMAN PARSONS ----- DIRECTOR	2.00 0.	X						0.	0.	0.
36) ELIZABETH CARLOCK PHILLIPS ----- DIRECTOR	2.00 0.	X						0.	0.	0.

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

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 **4**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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

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

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 dotted 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			
37) PRIYA BHOLA RATHOD DIRECTOR	2.00 0.	X						0.	0.	0.
38) DIANE REEVES DIRECTOR	2.00 0.	X						0.	0.	0.
39) VIRGINIA ROSE-HARRIS DIRECTOR	2.00 0.	X						0.	0.	0.
40) DIANNE CAPPS SASLAW DIRECTOR	2.00 0.	X						0.	0.	0.
41) JAN SHARRY CHAIR - GOVERNANCE	2.00 0.	X						0.	0.	0.
42) JUDY S. SHERMAN DIRECTOR	2.00 0.	X						0.	0.	0.
43) ZEENAT SIDI DIRECTOR	2.00 0.	X						0.	0.	0.
44) KAREN SIMON DIRECTOR	2.00 0.	X						0.	0.	0.
45) THEAR SY SUZUKI DIRECTOR	2.00 0.	X						0.	0.	0.
46) JODY VENTURONI CHAIR - COMMUNICATIONS	2.00 0.	X						0.	0.	0.
47) SHAWNA WILSON DIRECTOR	2.00 0.	X						0.	0.	0.

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

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 **4**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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

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

[illegible]

1b Sub-total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶			

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	4
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3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,051,770.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,448,334.			
	g	Noncash contributions included in lines 1a-1f \$		539,665.			
	h	Total. Add lines 1a-1f		6,500,104.			
Program Service Revenue	2a	SERVICE REVENUE	Business Code	91,385.	91,385.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		91,385.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 3		548,071.		
4		Income from investment of tax-exempt bond proceeds		0.			
5		Royalties		0.			
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)		0.			
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses					
c		Gain or (loss)		344,266.			
d		Net gain or (loss)		344,266.			344,266.
8a		Gross income from fundraising events (not including \$ 1,051,770. of contributions reported on line 1c) See Part IV, line 18	ATCH 4	470,524.			
b		Less direct expenses		455,565.			
c		Net income or (loss) from fundraising events. ATCH 5		14,959.			14,959.
9a		Gross income from gaming activities See Part IV, line 19					
b		Less direct expenses					
c		Net income or (loss) from gaming activities		0.			
10a		Gross sales of inventory, less returns and allowances					
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory		0.				
Miscellaneous Revenue							
11a		Business Code					
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0.				
12	Total revenue. See instructions		7,498,785.	91,385.		907,296.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	6,761,032.	6,761,032.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	843,466.	398,457.	119,920.	325,089.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	975,651.	390,016.	225,487.	360,148.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,454.	10,815.	6,912.	8,727.
9 Other employee benefits	84,770.	33,672.	26,616.	24,482.
10 Payroll taxes	59,781.	23,794.	13,940.	22,047.
11 Fees for services (non-employees)	0.			
a Management	7,925.			7,925.
b Legal	35,540.		35,540.	
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17.	99,993.		99,993.	
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	461,636.	304,738.	70,517.	86,381.
12 Advertising and promotion	28,148.	16,824.		11,324.
13 Office expenses	135,626.	53,764.	17,677.	64,185.
14 Information technology	93,074.	40,972.	7,792.	44,310.
15 Royalties	0.			
16 Occupancy	114,509.	54,939.	13,443.	46,127.
17 Travel	98,233.	68,068.	8,997.	21,168.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	39,890.	24,191.	11,989.	3,710.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	15,690.	7,528.	1,842.	6,320.
23 Insurance	12,631.	6,060.	1,483.	5,088.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a OTHER EVENTS EXPENSE	167,493.	98,490.	5,245.	63,758.
b SPONSORSHIPS	51,248.	15,533.	6,071.	29,644.
c DONOR LIFE INS PREMIUM	37,386.			37,386.
d MISC. EXPENSES	154,293.	57,586.	3,570.	93,137.
e All other expenses				
25 Total functional expenses Add lines 1 through 24e	10,304,469.	8,366,479.	677,034.	1,260,956.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	991,144.	1	2,129,685.
	2 Savings and temporary cash investments	700,811.	2	973,307.
	3 Pledges and grants receivable, net	6,310,218.	3	5,169,194.
	4 Accounts receivable, net	120,772.	4	128,170.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	113,714.	9	145,497.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 132,069.		
	b Less accumulated depreciation	10b 107,897.	10c	24,172.
	11 Investments - publicly traded securities	24,049,682.	11	24,889,719.
	12 Investments - other securities See Part IV, line 11	109,180.	12	108,763.
	13 Investments - program-related See Part IV, line 11	200,000.	13	200,000.
	14 Intangible assets	0.	14	0.
	15 Other assets See Part IV, line 11	1,114,903.	15	1,305,830.
16 Total assets. Add lines 1 through 15 (must equal line 34)	33,740,910.	16	35,074,337.	
Liabilities	17 Accounts payable and accrued expenses	135,419.	17	340,895.
	18 Grants payable	0.	18	2,541,299.
	19 Deferred revenue	288,759.	19	736,734.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities. Add lines 17 through 25.	424,178.	26	3,618,928.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	15,615,364.	27	13,144,086.
	28 Temporarily restricted net assets	9,021,950.	28	8,960,077.
	29 Permanently restricted net assets	8,679,418.	29	9,351,246.
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	33,316,732.	33	31,455,409.
	34 Total liabilities and net assets/fund balances.	33,740,910.	34	35,074,337.

Form 990 (2017)

Part XI Reconciliation of Net AssetsCheck 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	7,498,785.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,304,469.
3	Revenue less expenses Subtract line 2 from line 1	3	-2,805,684.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33,316,732.
5	Net unrealized gains (losses) on investments	5	944,361.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	31,455,409.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ 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		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form **990** (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

TEXAS WOMEN'S FOUNDATION

Employer identification number

75-2048261

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a ☐ **Type I** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations.

g Provide the following information about the supported organization(s)

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	13,132,015.	7,910,050.	4,661,357.	6,709,826.	6,500,104.	38,913,352.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	13,132,015.	7,910,050.	4,661,357.	6,709,826.	6,500,104.	38,913,352.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						9,921,794.
6 Public support. Subtract line 5 from line 4						28,991,558.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4.	13,132,015.	7,910,050.	4,661,357.	6,709,826.	6,500,104.	38,913,352.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	435,219.	557,192.	537,206.	477,909.	548,071.	2,555,597.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0.
11 Total support. Add lines 7 through 10						41,468,949.
12 Gross receipts from related activities, etc. (see instructions)					12	270,885.
13 First five 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

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	69.91%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	67.47%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		☒
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		☐
b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2017. 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 - 2016. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% 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 .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)			

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI) See instructions		
7	Total annual distributions. Add lines 1 through 6		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions		
9	Distributable amount for 2017 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018 Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions)

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-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2017

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

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

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

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

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

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

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

Part IV Supplemental Information

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

Part IV Supplemental Information *(continued)*

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2017

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	46.	
2 Aggregate value of contributions to (during year)	993,151.	
3 Aggregate value of grants from (during year)	1,255,862.	
4 Aggregate value at end of year	10,501,056.	
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?	☒ Yes ☐ 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?	☒ Yes ☐ 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 (e.g., 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	
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?	☐ Yes ☐ No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	☐ Yes ☐ No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

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

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

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items	
a Revenue included on Form 990, Part VIII, line 1.	▶ \$
b Assets included in Form 990, Part X.	▶ \$

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

Schedule D (Form 990) 2017

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 are a significant use of its collection items (check all that apply)

- ☐ **a** Public exhibition ☐ **d** Loan or exchange programs
☐ **b** Scholarly research ☐ **e** Other _____
☐ **c** Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

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	11,583,558.	11,162,912.	11,635,956.	11,808,593.	10,530,942.
b Contributions	1,368,249.	111,408.	208,132.	506,662.	4,660.
c Net investment earnings, gains, and losses	1,027,713.	894,368.	-102,205.	-129,182.	1,790,070.
d Grants or scholarships	415,914.	534,288.	544,732.	515,746.	377,141.
e Other expenditures for facilities and programs					
f Administrative expenses	54,433.	50,842.	34,239.	34,371.	139,938.
g End of year balance	13,509,173.	11,583,558.	11,162,912.	11,635,956.	11,808,593.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 13.3400 %

b Permanent endowment ▶ 69.2200 %

c Temporarily restricted endowment ▶ 17.4400 %

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

- ☐ **(i)** unrelated organizations
☐ **(ii)** related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		79,681.	67,864.	11,817.
e Other		52,388.	40,033.	12,355.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c)				24,172.

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ►	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	8,423,691.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	944,361.
b	Donated services and use of facilities	2b	80,538.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	1,024,899.
3	Subtract line 2e from line 1	3	7,398,792.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	99,993.
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	99,993.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	7,498,785.

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

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

1	Total expenses and losses per audited financial statements	1	10,285,014.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	80,538.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	80,538.
3	Subtract line 2e from line 1	3	10,204,476.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	99,993.
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	99,993.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	10,304,469.

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

INTENDED USES OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4:

ENDOWMENT PURPOSES INCLUDE FUNDING FOUNDATION GRANTING AND OPERATIONS.

FIN 48 (ASC 740)

SCHEDULE D, PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE UNITED STATES INTERNAL REVENUE CODE (THE "CODE") ACCORDING TO THE UNITED STATES INTERNAL REVENUE SERVICE 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 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.

THE FOUNDATION'S INFORMATIONAL RETURNS FILED IN THE U.S. FEDERAL JURISDICTION ARE GENERALLY SUBJECT TO EXAMINATION FOR THREE YEARS AFTER

Part XIII Supplemental Information *(continued)*

THE LATER OF THE DUE DATE OR DATE OF FILING.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

TEXAS WOMEN'S FOUNDATION

Employer identification number

75-2048261

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17
Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a ☐ Mail solicitations | e ☐ Solicitation of non-government grants |
| b ☐ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☐ Special fundraising events |
| d ☐ In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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
		LUNCHEON (event type)	FORUM (event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	1,017,180.	505,114.		1,522,294.
	2 Less Contributions	799,213.	252,557.		1,051,770.
	3 Gross income (line 1 minus line 2).	217,967.	252,557.		470,524.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	4,829.	28,788.		33,617.
	7 Food and beverages	78,468.	78,895.		157,363.
	8 Entertainment	60,000.	34,052.		94,052.
	9 Other direct expenses	121,454.	49,079.		170,533.
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				455,565.
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				14,959.

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	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % 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 _____

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)

SCHEDULE I
(Form 990)

**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.

Department of the Treasury
Internal Revenue Service

Name of the organization

TEXAS WOMEN'S FOUNDATION

Employer identification number

75-2048261

OMB No 1545-0047

2017

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 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
- 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 non-cash assistance	(h) Purpose of grant or assistance
(1) EDUCATIONAL FIRST STEPS							
2815 GASTON AVE DALLAS, TX 75226	75-2334053	501 C (3)	1,300,000.				PROGRAM
(2) COLLIN COUNTY MOBILITY COLLABORATIVE LLC							
PO BOX 861695 PLANO, TX 75086-1695	38-4058250	501 C (3)	997,114.				PROGRAM
(3) DALLAS AFTERSCHOOL NETWORK							
2902 SWISS AVE DALLAS, TX 75204	76-0838983	501 C (3)	350,000				PROGRAM
(4) DALLAS HOLOCAUST MUSEUM							
211 N RECORD ST STE 100 DALLAS, TX 75202	75-2113723	501 C (3)	291,750.				PROGRAM
(5) LETOT CAPITAL FOUNDATION AT THE DALLAS FDN							
6125 SHERRY LN DALLAS, TX 75225	75-2251532	501 C (3)	166,666.				PROGRAM
(6) PHILANTHROPY NEW YORK INC.							
1500 BROADWAY 7TH FL NEW YORK, NY 10036	13-3001403	501 C (3)	150,000.				PROGRAM
(7) TEXAS MUSLIM WOMEN'S FOUNDATION							
PO BOX 863388 PLANO, TX 75086	20-3060929	501 C (3)	130,000.				OPERATING
(8) FAMILY PLACE							
PO BOX 7999 DALLAS, TX 75209-0999	75-1590896	501 C (3)	100,000.				PROGRAM
(9) FOUNDATION FOR THE EDUCATION OF YOUNG WOMEN							
2804 SWISS AVENUE DALLAS, TX 75204	47-0902114	501 C (3)	100,000.				PROGRAM
(10) HOPE'S DOOR							
860 AVE F, STE 100 PLANO, TX 75074	75-2038796	501 C (3)	100,000.				OPERATING
(11) PARKLAND FOUNDATION							
2777 N STEMMONS FWY #1700 DALLAS, TX 75207	75-2089180	501 C (3)	99,500.				PROGRAM
(12) GIRLS INCORPORATED OF METROPOLITAN DALLAS							
2040 EMPIRE C DR DALLAS, TX 75235-4304	75-1305705	501 C (3)	95,000.				PROGRAM

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

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

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

Schedule I (Form 990) (2017)

SCHEDULE I
(Form 990)

**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.

Department of the Treasury
Internal Revenue Service

Name of the organization

TEXAS WOMEN'S FOUNDATION

Employer identification number

75-2048261

OMB No 1545-0047

2017

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 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
- 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 non-cash assistance	(h) Purpose of grant or assistance
(1) NTARUPT FUND OF THE DALLAS FOUNDATION 624 N. GOOD-LATIMER DALLAS, TX 75204	75-2890371	501 C (3)	92,750.				PROGRAM OPERATING
(2) LINKS FOUNDATION, INC. 1200 MASSACHUSETTS AVE NW	52-1170830	501 C (3)	80,000.				OPERATING
(3) GENDERAVERGER (GENDER AVENGER) PO BOX 21044 NEW YORK, NY 10025-0018	47-2913456	501 C (3)	75,000.				OPERATING
(4) METROCREST SERVICES 13801 HUTTON DR STE 150	75-1548334	501 C (3)	70,000.				PROGRAM
(5) TCU NEELEY SCHOOL OF BUSINESS TCU BOX 298530 FORT WORTH, TX 76129	75-0827465	501 C (3)	67,500.				OPERATING
(6) SHELTER MINISTRIES OF DALLAS 4411 LEMMON AVE STE 201 DALLAS, TX 75219	75-1881365	501 C (3)	65,000.				PROGRAM
(7) THE WOMEN'S CENTER OF TARRANT COUNTY 1723 HEMPHILL FORT WORTH, TX 76110	75-1501868	501 C (3)	65,000.				PROGRAM
(8) CITY HOUSE 901 18TH ST PLANO, TX 75074-5830	75-2213291	501 C (3)	64,982.				PROGRAM
(9) WOMEN IN NEED OF GENEROUS SUPPORT (WINGS) 2603 INWOOD RD DALLAS, TX 75235	75-0800699	501 C (3)	60,250.				PROGRAM
(10) BOYS & GIRLS CLUBS OF COLLIN COUNTY 701 S CHURCH ST MCKINNEY, TX 75069	75-1296869	501 C (3)	60,000.				PROGRAM
(11) INTERFAITH HOUSING COALITION PO BOX 720206 DALLAS, TX 75372-0206	75-2028254	501 C (3)	60,000.				PROGRAM
(12) JEWISH FAMILY SERVICES OF DALLAS 5402 ARAPAHO ROAD STE 102B DALLAS, TX 75248	75-1992728	501 C (3)	60,000.				PROGRAM

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2017)

SCHEDULE I
(Form 990)

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

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

► Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

TEXAS WOMEN'S FOUNDATION

Employer identification number

75-2048261

OMB No 1545-0047

2017

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 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
- 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 non-cash assistance	(h) Purpose of grant or assistance
(1) JUNIOR ACHIEVEMENT OF DALLAS, INC. 1201 EXECUT. DR W RICHARDSON, TX 75081-2232	75-0881589	501 C (3)	60,000.				PROGRAM
(2) SENIOR CITIZENS OF GREATER DALLAS INC. 3910 HARRY HINES BLVD DALLAS, TX 75219	75-1085555	501 C (3)	60,000.				PROGRAM
(3) CIRCUIT TRAIL CONSERVANCY FND AT DALLAS FDN 3963 MAPLE AVE STE 390 DALLAS, TX 75219	75-2890371	501 C (3)	58,334.				PROGRAM
(4) NEW FRIENDS NEW LIFE PO BOX 192378 DALLAS, TX 75219-8518	75-2820473	501 C (3)	50,750.				OPERATING
(5) SOUTHERN METHODIST UNIVERSITY PO BOX 750100 DALLAS, TX 75275	75-0800689	501 C (3)	50,000.				OPERATING
(6) GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DR DALLAS, TX 75252	75-1101571	501 C (3)	47,500.				PROGRAM
(7) IGNITE 5201 N O'CONNOR BLVD STE 100	38-3819049	501 C (3)	46,000.				OPERATING
(8) NORTH TEXAS PUBLIC BROADCASTING INC. 3000 HARRY HINES BLVD DALLAS, TX 75201-1012	75-2084961	501 C (3)	45,000.				PROGRAM
(9) THE UNIVERSITY OF TEXAS AT DALLAS 800 WEST CAMPBELL RD, RICHARDSON, TX 75080	75-1305566	501 C (3)	45,000.				PROGRAM
(10) PLAN INTERNATIONAL USA, INC. 155 PLAN WAY WARWICK, RI 02886	13-5661832	501 C (3)	40,000.				OPERATING
(11) SHARED HOUSING CENTER, INC. 402 N GOOD LATIMER EXPY	75-2137522	501 C (3)	35,750.				PROGRAM
(12) HOPEFUL SOLUTIONS 9666 SCYENE RD STE 403 DALLAS, TX 75227	51-0556312	501 C (3)	35,000.				PROGRAM

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**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.

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Department of the Treasury
Internal Revenue Service

Name of the organization

TEXAS WOMEN'S FOUNDATION

Employer identification number

75-2048261

OMB No 1545-0047

2017

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 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
- 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 non-cash assistance	(h) Purpose of grant or assistance
(1) HEALTH SERVICES OF NORTH TEXAS INC 4401 N INTERSTATE 35 #312	75-2252866	501 C (3)	32,500.				PROGRAM OPERATING
(2) TEXPROTECTS 1341 W. MOCKINGBIRD LN #560 W	44-1332547	501 C (3)	32,500.				PROGRAM OPERATING
(3) HUMAN RIGHTS INITIATIVE OF NORTH TEXAS, INC 2801 SWISS AVENUE DALLAS, TX 75204	75-2842602	501 C (3)	32,250.				PROGRAM OPERATING
(4) COLLIN COUNTY COMMITTEE ON AGING INC. 600 N TENNESSEE ST MCKINNEY, TX 75069-3960	75-1544507	501 C (3)	31,500.				PROGRAM OPERATING
(5) HOUSING CRISIS CENTER 4210 JUNIUS ST DALLAS, TX 75246-1429	75-1633304	501 C (3)	30,750.				PROGRAM
(6) BRIDGE BREAST CENTER INC. 4000 JUNIUS ST DALLAS, TX 75246	75-2436606	501 C (3)	30,000.				PROGRAM
(7) KID NET FOUNDATION/JONATHAN'S PLACE 6065 DUCK CREEK DR GARLAND, TX 75043	75-2389331	501 C (3)	30,000.				PROGRAM
(8) NEXUS RECOVERY CENTER, INC. 8733 LA PRADA DR DALLAS, TX 75228-5036	23-7169388	501 C (3)	30,000.				OPERATING
(9) PROMISE HOUSE 224 W PAGE AVE DALLAS, TX 75208-6631	75-2180083	501 C (3)	30,000.				PROGRAM
(10) RESOURCE CENTER OF DALLAS, INC. 5750 CEDAR SPRINGS RD DALLAS, TX 75235-6802	75-1892059	501 C (3)	30,000.				PROGRAM
(11) ST. MARKS SCHOOL OF TEXAS 10600 PRESTON RD DALLAS, TX 75230-4000	75-0827460	501 C (3)	30,000.				OPERATING
(12) THE SALVATION ARMY DFW METROPLEX 8787 N STEMMONS FWY #800 DALLAS, TX 75247	58-0860607	501 C (3)	30,000.				PROGRAM

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**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.

Department of the Treasury
Internal Revenue Service

Name of the organization

TEXAS WOMEN'S FOUNDATION

Employer identification number

75-2048261

OMB No 1545-0047

2017

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 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
- 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 non-cash assistance	(h) Purpose of grant or assistance
(1) DALLAS FOUNDATION							
3963 MAPLE AVE #390 DALLAS, TX 75219	75-2890371	501 C (3)	29,500.				OPERATING PROGRAM
(2) NORTH DALLAS SHARED MINISTRIES							
2875 MERRELL RD DALLAS, TX 75229-4702	75-1908563	501 C (3)	28,400.				OPERATING
(3) UNIVERSITY OF NORTH TEXAS FOUNDATION							
1155 UNION CIR BOX 311250 DENTON, TX 76203	23-7232618	501 C (3)	27,500.				OPERATING
(4) BUCKNER CHILDREN & FAMILY SERVICES INC - CO							
700 N PEARL ST STE 1200 DALLAS, TX 75201	75-2571395	501 C (3)	27,000.				OPERATING
(5) DALLAS CHRISTIAN WOMEN'S JOB CORPS, INC.							
2918 OATES DR DALLAS, TX 75228	75-2924518	501 C (3)	26,000.				OPERATING
(6) AMERICAN NATIONAL RED CROSS - NORTH TX							
4800 HARRY HINES BLVD DALLAS, TX 75235	53-0196605	501 C (3)	25,000.				PROGRAM
(7) BRIGHT FUTURE FOUNDATION FOR EAGLE COUNTY							
PO BOX 2558 AVON, CO 81620	84-0938374	501 C (3)	25,000.				OPERATING
(8) COMMUNITIES FOUNDATION OF TEXAS							
5500 CARUTH HAVEN LANE DALLAS, TX 75225	75-0964565	501 C (3)	25,000.				PROGRAM
(9) GIRLSTART							
320 DECKER DRIVE SUITE 100 IRVING, TX 75062	31-1595414	501 C (3)	25,000.				PROGRAM
(10) KNOX COLLEGE OFFICE OF ADVANCEMENT							
2 E SOUTH ST BOX K 230 GALESBURG, IL 61401	37-0673513	501 C (3)	25,000.				OPERATING
(11) LEADERSHIP ISD							
1800 N LAMAR ST DALLAS, TX 75202	45-2794224	501 C (3)	25,000.				OPERATING
(12) SCHOLAR SHOT							
2904 SWISS AVE DALLAS, TX 75204	27-0232250	501 C (3)	25,000.				OPERATING

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Department of the Treasury
Internal Revenue Service

Name of the organization

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- 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 non-cash assistance	(h) Purpose of grant or assistance
(1) STAND FOR CHILDREN LEADERSHIP CENTER 1800 N. LAMAR DALLAS, TX 75202	52-1957214	501 C (3)	25,000.				PROGRAM
(2) TEACH FOR AMERICA INC. - DFW REGION 600 N PEARL ST STE 2300 DALLAS, TX 75201	13-3541913	501 C (3)	25,000.				OPERATING
(3) TRINITY RIVER MISSION 2060 SINGLETON BLVD #104 DALLAS, TX 75212	75-6055203	501 C (3)	25,000.				PROGRAM
(4) ALLIANCE FOR JUSTICE 11 DUFONT CIRCLE NW, 2RD FLOOR	52-1009973	501 C (3)	20,000.				PROGRAM
(5) BRIGHTER TOMORROWS, INC. 928 BLUEBIRD DR IRVING, TX 75061-7305	75-2291809	501 C (3)	20,000.				OPERATING
(6) CHILDCARE GROUP 1420 W MOCKINGBIRD LN, #300	75-0800634	501 C (3)	20,000.				OPERATING
(7) COMMIT2DALLAS DBA COMMIT 2501 OAK LAWN AVE STE 800 DALLAS, TX 75219	80-0790222	501 C (3)	20,000.				PROGRAM
(8) JUST IN TIME FOR FOSTER YOUTH PO BOX 81292 SAN DIEGO, CA 92138	20-5448416	501 C (3)	20,000.				PROGRAM
(9) WESLEY-RANKIN COMMUNITY CENTER 3100 CROSSMAN AVE DALLAS, TX 75212-3914	75-0808775	501 C (3)	20,000.				PROGRAM
(10) WOMEN'S FUNDING NETWORK 156 2ND ST SAN FRANCISCO, CA 94105-3724	41-1685134	501 C (3)	20,000.				OPERATING
(11) WOMEN'S FOUNDATION OF COLORADO 1901 E ASBURY AVE DENVER, CO 80208-0001	84-1039305	501 C (3)	17,500.				OPERATING
(12) PLANNED PARENTHOOD OF GREATER TEXAS 7424 GREENVILLE AVE #206 DALLAS, TX 75231	52-1243220	501 C (3)	17,250				OPERATING PROGRAM

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

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(Form 990)**

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

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Department of the Treasury
Internal Revenue Service

Name of the organization

TEXAS WOMEN'S FOUNDATION

Employer identification number

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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 non-cash assistance	(h) Purpose of grant or assistance
(1) JEWISH FEDERATION OF GREATER DALLAS 7800 NORTHAVEN RD DALLAS, TX 75230-3226	75-0800654	501 C (3)	17,000.				OPERATING
(2) MOSAIC FAMILY SERVICES, INC. 12225 GREENVILLE AVE #800 DALLAS, TX 75243	75-2484565	501 C (3)	16,000.				PROGRAM
(3) CITY SQUARE 4000 E SIDE AVE DALLAS, TX 75226-1205	75-2332948	501 C (3)	15,500.				OPERATING
(4) AGAPE RESOURCE & ASSISTANCE CENTER PO BOX 861664 PLANO, TX 75086-1664	75-2942035	501 C (3)	15,000.				PROGRAM
(5) CATHOLIC CHARITIES DIOCESE OF FORT WORTH 249 WEST THORNHILL DR FORT WORTH, TX 76115	75-0808769	501 C (3)	15,000.				CAPACITY BUILDING
(6) CHETNA PO BOX 832802 RICHARDSON, TX 75083	20-2359084	501 C (3)	15,000.				PROGRAM
(7) COVENANT CHURCH 975 S. CENTRAL EXPY MCKINNEY, TX 75070	75-1952669	501 C (3)	15,000.				OPERATING
(8) GIRLS FOR GENDER EQUITY INC. - GGE 30 3RD AVE STE 103 BROOKLYN, NY 11217	04-3697166	501 C (3)	15,000.				OPERATING
(9) HEART HOUSE PO BOX 823162 DALLAS, TX 75382	75-2898097	501 C (3)	15,000.				PROGRAM
(10) HEARTS FOR HOMES 826 EAST MCKINNEY DENTON, TX 76209	20-4637974	501 C (3)	15,000.				CAPACITY BUILDING
(11) METHODIST RICHARDSON MEDICAL CENTER FDN C/O 2831 E. PRESIDENT GEORGE BUSH TURNPIKE	75-1788520	501 C (3)	15,000.				PROGRAM
(12) SHARING LIFE COMMUNITY OUTREACH 3544 E EMPORIUM CIR MESQUITE, TX 75150	75-2831756	501 C (3)	15,000.				PROGRAM

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(Form 990)**

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Department of the Treasury
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Name of the organization

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- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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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 non-cash assistance	(h) Purpose of grant or assistance
(1) TEXAS APPLESEED 1609 SHOAL CREEK BLVD #201 AUSTIN, TX 78701	74-2804268	501 C (3)	15,000.				PROGRAM
(2) TEXAS TRIBUNE INC. 823 CONGRESS AVE #1400 AUSTIN, TX 78701	26-4527097	501 C (3)	15,000.				CAPACITY BUILDING OPERATING
(3) THE CHILD CARE GROUP 8585 N STEMMONS FWY #500 DALLAS, TX 75247	75-0800634	501 C (3)	15,000.				PROGRAM
(4) WOVEN HEALTH CLINIC 1 MEDICAL PKWY PLAZA 1 #149	75-2616002	501 C (3)	15,000.				PROGRAM
(5) FAITH IN TEXAS - PICO 1111 W. MOCKINGBIRD LN #595	47-3005234	501 C (3)	12,750.				PROGRAM OPERATING
(6) NATIONAL COUNCIL OF JEWISH WOMEN 6025 ROYAL LN #219-9 DALLAS, TX 75230-8831	75-0800635	501 C (3)	10,830.				OPERATING
(7) FAMILY GATEWAY, INC. 711 S SAINT PAUL ST DALLAS, TX 75201-6313	75-2105579	501 C (3)	10,500.				OPERATING
(8) DALLAS AREA INTERFAITH SPONSORING COMMITTEE 1104 LUPO DRIVE DALLAS, TX 75207	75-2409130	501 C (3)	10,000.				PROGRAM
(9) EXECUTIVES IN ACTION 31 E. 32ND S, STE 1001 NEW YORK, NY 10016	27-0649371	501 C (3)	10,000.				OPERATING
(10) LEAGUE OF WOMEN VOTERS OF DALLAS EDU. FUND 2720 N. STEMMONS FWY #812	75-1876278	501 C (3)	10,000.				OPERATING
(11) NATIONAL COUNCIL OF JEWISH WOMEN INC. 475 RIVERSIDE DR #1901 NEW YORK, NY 10115	13-1641076	501 C (3)	10,000.				OPERATING
(12) PEACEJAM FOUNDATION 11200 RALSTON ROAD ARVADA, CO 80004	84-1349666	501 C (3)	10,000.				OPERATING

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

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Schedule I (Form 990) (2017)

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
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Department of the Treasury
Internal Revenue Service

Name of the organization

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Employer identification number

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Part I General Information on Grants and Assistance

- 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
- 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 non-cash assistance	(h) Purpose of grant or assistance
(1) TEXAS CHRISTIAN UNIVERSITY 2900 LUBBOCK AVE FORT WORTH, TX 76109	75-0827465	501 C (3)	10,000.				OPERATING
(2) THE CONCILIO 400 SOUTH ZANG BLVD #300 DALLAS, TX 75208	75-0800634	501 C (3)	10,000.				PROGRAM
(3) UNITED STATES FUND FOR UNICEF 125 MAIDEN LN, 11TH FLOOR	13-1760110	501 C (3)	10,000.				PROGRAM
(4) UNITED WAY OF METROPOLITAN DALLAS, INC. 1800 N LAMAR ST DALLAS, TX 75202-1701	75-6005352	501 C (3)	10,000.				PROGRAM
(5) WELLESLEY COLLEGE 106 CENTRAL ST WELLESLEY, MA 02481	04-2103637	501 C (3)	10,000.				OPERATING
(6) VOLUNTEERS OF AMERICA INC 300 E MIDWAY DR EULESS, TX 76039	75-0827469	501 C (3)	7,627.				PROGRAM
(7) SKILL QUEST 1341 W MOCKINGBIRD LN DALLAS, TX 75247-6913	45-4536492	501 C (3)	7,500.				PROGRAM
(8) OPEN ARMS, INC. DBA BRYAN'S HOUSE PO BOX 135868 DALLAS, TX 75235	75-2217559	501 C (3)	7,080.				PROGRAM
(9) WOMEN'S FOUNDATION OF MINNESOTA 105 5TH AVE S #300 MINNEAPOLIS, MN 55401	41-1635761	501 C (3)	6,000.				OPERATING
(10) LINKS FOUNDATION, INC. PO BOX 863417 PLANO, TX 75086	52-1170830	501 C (3)	5,549.				OPERATING
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table			106.				
3 Enter total number of other organizations listed in the line 1 table							

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

Schedule I (Form 990) (2017)

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 non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

MONITORING USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2:

THE FOUNDATION ENSURES THAT GRANTEE ORGANIZATIONS MAINTAIN THEIR 501(C)

ELIGIBILITY AND CONTINUE TO OPERATE THEIR ORGANIZATIONS IN A MANNER THAT

ADVANCES THE OBJECTIVES OF THE TEXAS WOMEN'S FOUNDATION. ADDITIONALLY,

AS A CONDITION OF FUNDING AND AS OUTLINED IN THE GRANT AGREEMENT, THE

FOUNDATION REQUIRES GRANT RECIPIENTS TO PROVIDE A FINAL WRITTEN REPORT AT

THE CONCLUSION OF THE GRANT DOCUMENTING THE USE OF FUNDS AS WELL AS

PROJECT OUTCOMES. REQUIREMENTS MAY VARY AND ARE DETERMINED BASED ON THE

INDIVIDUAL SIZE, SCOPE AND SOURCE OF EACH GRANT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

TEXAS WOMEN'S FOUNDATION

Employer identification number

75-2048261

Part I Questions Regarding Compensation

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

- | | |
|--|---|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☒ Health or social club dues or initiation fees |
| ☒ Discretionary spending account | ☐ Personal services (such as, maid, chauffeur, chef) |

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

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 filing 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.

- | | |
|---|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

Yes No

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

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

Schedule J (Form 990) 2017

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	(iii) Other reportable compensation				
1 ROSYLN DAWSON THOMPSON PRESIDENT & CEO	(i)	212,210.	21,694.	381.	12,508.	0.	246,793.		
	(ii)	0.	0.	0.					
2 SHAWN WILLS SENIOR VP - DEVELOPMENT	(i)	156,019.	3,200.	45.	0.	3,045.	162,309.		
	(ii)	0.	0.	0.					
3 DENA JACKSON SVP - GRANTS & RESEARCH	(i)	161,176.	5,000.	69.	8,696.	0.	174,941.		
	(ii)	0.	0.	0.					
4 DAWN HOOPER VP - FINANCE AND OPERATIONS	(i)	147,853.	1,500.	69.	0.	5,681.	155,103.		
	(ii)	0.	0.	0.					
5	(i)								
	(ii)								
6	(i)								
	(ii)								
7	(i)								
	(ii)								
8	(i)								
	(ii)								
9	(i)								
	(ii)								
10	(i)								
	(ii)								
11	(i)								
	(ii)								
12	(i)								
	(ii)								
13	(i)								
	(ii)								
14	(i)								
	(ii)								
15	(i)								
	(ii)								
16	(i)								
	(ii)								

Schedule J (Form 990) 2017

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

THE METHODS USED TO ESTABLISH COMPENSATION

SCHEDULE J, PART I, LINE 3:

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. UPON REVIEW OF THE RELATED COMPENSATION DATA AND PERFORMANCE GOALS AND OBJECTIVES OF THE CEO, THE CHAIR OF THE BOARD APPROVES THE AMOUNT TO BE COMPENSATED TO THE CEO.

BENEFITS PROVIDED BY THE ORGANIZATION TO EMPLOYEES:

SCHEDULE J, PART I, LINE 1:

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

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

2017

Open To Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to 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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2017

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person ATTACHMENT 1	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

ATTACHMENT 1SCHEDULE L, PART IV

(A) NAME OF INTERESTED PERSON JODY VENTURONI
 (B) RELATIONSHIP BOARD MEMBER DROPPED OFF TO BECOME A VENDOR
 (C) AMOUNT 26,500.
 (D) DESCRIPTION OF TRANSACTION MARKETING & BRANDING COUNSULT.
 (E) SHARING ORGANIZATION REVENUE? YES X NO

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

**Open to Public
Inspection**

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	X		12,000.	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9.	409,778.	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 ► (ATCH 1)			117,887.	
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 IV, Donee Acknowledgement

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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		

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

ATTACHMENT 1SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
VARIOUS CONTRIBUTIONS	X		117,887.	FMV
TOTALS			<u>117,887.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

TEXAS WOMEN'S FOUNDATION

Employer identification number

75-2048261

FORM 990 REVIEW PROCESS

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

THE FORM 990 IS 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.

CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT

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

CONFLICT OF INTEREST POLICY FORMS ARE DISTRIBUTED AT THE ANNUAL BOARD
RETREAT FOR SIGNATURE AND COLLECTION. IN ADDITION, BOARD MEMBERS ARE
ASKED TO DISCLOSE ANY CONFLICTS OF INTEREST FOR EVERY GRANT VOTE.

COMPENSATION REVIEW PROCESS

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

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.

AVAILABILITY OF DOCUMENTS TO THE PUBLIC

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

Name of the organization

TEXAS WOMEN'S FOUNDATION

Employer identification number

75-2048261

ORGANIZATION'S WEBSITE.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

WOMEN'S ECONOMIC SECURITY: TEXAS WOMEN'S FOUNDATION WORKS TO STRENGTHEN THE ECONOMIC SECURITY OF WOMEN AND GIRLS IN NORTH 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. DURING THE YEAR ENDED JUNE 30, 2018, TEXAS WOMEN'S FOUNDATION'S ECONOMIC SECURITY GRANTS AND PROGRAMS IMPACTED 21,000 WOMEN AND GIRLS, INCLUDING 11,000 IN OUR FOCUSED ECONOMIC SECURITY INITIATIVE.

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, PUBLISHING THE VOICES OF WOMEN LEADERS, PRODUCING TARGETED RESEARCH, AWARDING GRANTS TO COMMUNITY PROGRAMS AND ENGAGING IN ADVOCACY AROUND WOMEN'S LEADERSHIP. DURING THE YEAR ENDED JUNE 30, 2018, TEXAS WOMEN'S FOUNDATION'S LEADERSHIP GRANTS AND PROGRAMS IMPACTED NEARLY 4,000 WOMEN AND GIRLS.

WOMEN'S PHILANTHROPY EDUCATION: TEXAS WOMEN'S FOUNDATION EMPOWERS

Name of the organization

TEXAS WOMEN'S FOUNDATION

Employer identification number

75-2048261

ATTACHMENT 1 (CONT'D)

WOMEN'S PHILANTHROPY BY PROVIDING HIGH-QUALITY PROGRAMMING ON BEST PRACTICES AND CHANGING TRENDS IN PHILANTHROPY. ATTENDEES LEARN HOW TO IDENTIFY AND TARGET AREAS OF PERSONAL INTEREST AND ALIGN GIVING WITH THEIR PRIORITIES. DURING THE YEAR ENDED JUNE 30, 2018, TEXAS WOMEN'S FOUNDATION HOSTED A VARIETY OF WOMEN'S PHILANTHROPY EVENTS WITH OVER 300 ATTENDEES PARTICIPATING DURING THE YEAR.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4C

RESEARCH: THE FOUNDATION ENGAGES IN 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 OF ISSUES, OUR ADVOCACY STRATEGIES AND, ULTIMATELY, THE FINANCIAL AND HUMAN RESOURCES WE INVEST WITH OUR COMMUNITY PARTNERS. DURING THE YEAR ENDED JUNE 30, 2018, WE CONTINUED TO CARRY THE MESSAGE OF ECONOMIC ISSUES FOR WOMEN IN TEXAS 2017 TO ADDITIONAL CITIES ACROSS TEXAS. IN ADDITION, THE FOUNDATION SHARED THE REPORT WITH KEY POLICY MAKERS, INCLUDING MEMBERS OF THE DALLAS AND NORTH TEXAS LEGISLATIVE DELEGATION, ELECTED AND APPOINTED CITY AND COUNTY OFFICIALS, AND CORPORATE DECISION MAKERS. THE STUDY IS AVAILABLE ONLINE AT TEXAS WOMEN'S FOUNDATION'S WEBSITE, AND IS WIDELY USED BY WOMEN- AND GIRL-SERVING ORGANIZATIONS ACROSS THE STATE OF TEXAS.

Name of the organization

TEXAS WOMEN'S FOUNDATION

Employer identification number

75-2048261

ATTACHMENT 3

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
DIVIDENDS AND INTEREST INCOME	548,071.			548,071.
TOTALS	<u>548,071.</u>			<u>548,071.</u>

ATTACHMENT 4

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
LUNCHEON	799,213.
LEADERSHIP FORUM	252,557.
TOTAL	<u>1,051,770.</u>

ATTACHMENT 5

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
LUNCHEON	217,967.	264,751.	-46,784.
LEADERSHIP FORUM	252,557.	190,814.	61,743.
TOTALS	<u>470,524.</u>	<u>455,565.</u>	<u>14,959.</u>

ATTACHMENT 6

Name of the organization

TEXAS WOMEN'S FOUNDATION

Employer identification number

75-2048261

ATTACHMENT 6 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
EQUITY SECURITIES	15,439,922.	FMV
CORPORATE BOND FUNDS	9,043,929.	FMV
COMMODITIES FUNDS	405,868.	FMV
TOTALS	<u>24,889,719.</u>	