Form 990-T	Exempt Organization Bu		ax Return	OMB No. 1545-0687		
Form 330-1		der section 6033(e))	1900			
سعسه ة	For calendar year 2018 or other tax year beginning $\begin{tabular}{c} JUL & 1 \end{tabular}$		$\frac{1906}{2019}$	2018		
	Go to www irs gov/Form990T for instructions and the latest information.					
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it ma			Open to Public Inspection for 501(c)(3) Organizations Only		
A Check box if address changed	Name of organization (D Employer identification number (Employees' trust, see instructions)		
B Exempt under section	Print TEXAS WOMEN'S FOUNDAT		75-2048261			
X 501(c403)	Number, street, and room or suite no. If a P.O. b			E Unrelated business activity code (See instructions)		
408(e) 220(e)	Type 8150 NORTH CENTRAL EXI					
408A 530(a) 529(a)	City or town, state or province, country, and ZIP or foreign postal code DALLAS, TX 75206					
C Book value of all assets at end of year	Book value of all assets F Group exemption number (See instructions.)					
	G Check organization type ► X 501(c) co	rporation 501(c) trust	401(a) t	rust Other trust		
H Enter the number of the	organization's unrelated trades or businesses.		the only (or first) unre			
trade or business here			, complete Parts I-V. If			
	lank space at the end of the previous sentence, complete F	Parts I and II, complete a Schedul	e M for each additional	trade or		
business, then complete				Yes No		
	the corporation a subsidiary in an affiliated group or a parind identifying number of the parent corporation.	ent subsidiary controlled group?	▶ ∟	Yes No		
	► ROSYLN DAWSON THOMPSON		none number 21	L4-525-5310		
	Trade or Business Income	(A) Income	(B) Expenses	(C) Net		
1a Gross receipts or sale	s		<u> </u>			
b Less returns and allow		1c				
2 Cost of goods sold (S	chedule A, line 7)	2				
3 Gross profit. Subtract	line 2 from line 1c	3				
4a Capital gain net incon	ie (attach Schedule D)	4a				
b Net gain (loss) (Form	4797, Part II, line 17) (attach Form 4797)	4b				
c Capital loss deduction		4c				
	partnership or an S corporation (attach statement)	5	ļ			
6 Rent income (Schedu		6	 			
	ed income (Schedule E) raities, and rents from a controlled organization (Schedule F	8				
	a section 501(c)(7), (9), or (17) organization (Schedule G					
	wity income (Schedule I)	10				
11 Advertising income (S	• • •	11	1			
	structions, attach schedule)	12				
13 Total. Combine lines	3 through 12	13 0.	<u> </u>			
	ns Not Taken Elsewhere (See instructions					
(Except for d	contributions, deductions must be directly connected	ed with the unrelated business	s income)			
•	icers, directors, and trustees (Schedule K)		-	14		
15 Salaries and wages	RE	CEIVED	-	15		
16 Repairs and mainten17 Bad debts		ZY VED	-	16		
	dule) (see instructions)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-	18		
19 Taxes and licenses	The control of the co	2 3 2019		19		
	ons (See instructions for limitation rules)	<u> </u>	ŀ	20		
215 Depreciation (attach	1 1 1 21	Jen. UT di				
22 Less depreciation cla	umed on Schedule A and elsewhere on return	22a		22b		
23. Depletion				23		
\sim	24 Contributions to deferred compensation plans					
Employee benefit pro	Employee benefit programs					
	26 Excess exempt expenses (Schedule I)					
27 Excess readership costs (Schedule J)				28		
·	Other deductions (attach schedule)					
29 Total deductions. Add lines 14 through 28				29 0.		
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13						
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 31 from line 30				31 0.		
	axable income. Subtract line 31 from line 30			Form 990-T (2018)		

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Part I	II Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33		0.
34	Amounts paid for disallowed fringes		34	9,7	00.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35		
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of				
36			36	9,7	00.
	lines 33 and 34	38	37	1,0	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	ەد	 1' 	1,0	00.
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,	39		0 7	00
	enter the smaller of zero or line 36		38	8,7	<u> </u>
Part I	V Tax Computation	110	_ !		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	40 ▶	39	1,8	<u>27.</u>
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		<u> </u>		
	Tax rate schedule or Schedule D (Form 1041)	•	40	_	
41	Proxy tax. See instructions	•	41		
42	Alternative minimum tax (trusts only)	_	42		
	Tax on Noncompliant Facility Income. See instructions		43		
43		45	44	1,8	27.
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		1 49 1	<u> </u>	<u> </u>
Part \			т п		
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		-		
b	Other credits (see instructions)		-l l		
C	General business credit. Attach Form 3800		4		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		_		
е	Total credits. Add lines 45a through 45d		45e		
46	Subtract line 45e from line 44		46	1,8	<u>27.</u>
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (a	attach schedule)	47		
48	Total tax. Add lines 46 and 47 (see instructions)	49	48	1,8	27.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49		0.
	Payments: A 2017 overpayment credited to 2018				
	2018 estimated tay payments		7		
	N	1,905.	1		
	· · · · · · · · · · · · · · · · · · ·	1,505.	7		
	,		-		
	Backup withholding (see instructions)		-		
	Credit for small employer health insurance premiums (attach Form 8941) 50f		4		
g	Other credits, adjustments, and payments: Form 2439				
	Form 4136 Other Total ▶ 50 /g		4 .		
51	Total payments. Add lines 50a through 50g	* -	51	1,9	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	\$3	52		<u>73.</u>
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	. ►	53	<u> </u>	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	555 ▶	54		5.
55		unded 56>	55		5.
Part \			1		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes	No
30	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
	here >		-		
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore-	eign trust?		<u> </u>	
	If "Yes," see instructions for other forms the organization may have to file.			ļ ļ	1
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	best of my knowle	edge and belief, it is	i true,	
Sign		Г	May the IRS discuss	_	vith
Here	Salun Dauson Mondo 12.17.19 PRESIDENT AND	CEO i	he preparer shown		
	Sighature of officer Date Title		nstructions)?	Yes	No
	Priot/Type preparer's name Preparer's signature Date	Check	if PTIN		
		self- employed			
Paid	DAMELA ALEVANDED CON ALEVANDED CON 12/16/19	oon omployed	P012	18925	
Prepa	NOCC ADAMS IID	Firm's EIN		18931	8
Use (Only Firm's name ► MOSS ADAMS LLP 6565 AMERICAS PARKWAY NE STE 600	THIM S EIN	<u> </u>	-0001	-
		Dhares s	ENE 070	7200	
	Firm's address ► ALBUQUERQUE, NM 87110	Prione no.	505-878-		45.5
823711 01	-09-19		Form	₁ 990-T	(2018)