Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

	-	-	
Under section 501(c), 527,	or 4947(a)(1) of the Intern	nal Revenue Code (exce	pt private foundations)

2019

			Do not enter social security numbers on this form as it may be made put	ublic.	Open to Public
	partment of rnal Reven	the Treasury ue Service	Go to www.irs.gov/Form990EZ for instructions and the latest inform	ation.	Inspection
_			r year, or tax year beginning 04-01, 2019, and ending	03	-31 , 20 20
в	Check if ap	oplicable:	C Name of organization	D Employer	identification number
	Address ch	nange	TERREWODE WOMENS FUND	47-23	304060
х	Name char	nge	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telephone	e number
	Initial return	n			
	Final return	n/terminated	2293 ALDER ST		
	Amended r	return	City or town, state or province, country, and ZIP or foreign postal code	F Group Exe	emption
	Application	pending	EUGENE, OR 97405	Number	•
		ing Method:		heck► X	if the organization is not
	Website	-			ach Schedule B
J	Tax-exe	mpt status (check only one) - 🕱 501(c)(3) 🗌 501(c)() ◀ (insert no.) 🗌 4947(a)(1) or 🗍 527 (F	- Form 990, 99	0-EZ, or 990-PF).
			X Corporation Trust Association Other		· /
		-	'b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	sets	-
			500,000 or more, file Form 990 instead of Form 990-EZ		►\$
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the in		
_			he organization used Schedule O to respond to any question in this Part I		, _
	1		, gifts, grants, and similar amounts received		1 90,786
	2		vice revenue including government fees and contracts.		2
	3	-	dues and assessments		3
	4	•			4
	5a		nt from sale of assets other than inventory		•
			other basis and sales expenses		
) from sale of assets other than inventory (Subtract line 5b from line 5a)	5	ic
	6		fundraising events:		
		-	e from gaming (attach Schedule G if greater than		
ē	-		6a		
Revenue	Ь		e from fundraising events (not including \$ of contributions		
Rev	-		ing events reported on line 1) (attach Schedule G if the		
_			gross income and contributions exceeds \$15,000) 6b		
	c		expenses from gaming and fundraising events		
			or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		
				6	6d
	7a		of inventory, less returns and allowances	••••	
			goods sold		
			or (loss) from sales of inventory (Subtract line 7b from line 7a)	7	'c
	8		e (describe in Schedule O)		8
	9		Je. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and &		9 90,786
	10		imilar amounts paid (list in Schedule O).		0
	11		I to or for members		1 50,000
	12		er compensation, and employee benefits		2 1,774
ses	13		fees and other payments to independent contractors		3 800
Expenses	14		rent, utilities, and maintenance		4
Exp	15		ications, postage, and shipping		5
_	16		eses (describe in Schedule O).		6 4,799
	17		ses. Add lines 10 through 16		7 57,373
	18		eficit) for the year (Subtract line 17 from line 9)		8 33,413
its	19		r fund balances at beginning of year (from line 27, column (A)) (must agree with		5 55,415
Net Assets			igure reported on prior year's return)	1	9 11,775
¥А	20	-	es in net assets or fund balances (explain in Schedule O)		<u>9</u> 11,775
ž	20	-	r fund balances at end of year. Combine lines 18 through 20.		45,188
Fo			on Act Notice, see the separate instructions.		Form 990-EZ (2019)
EE/	A aperv		n not notice, see the separate mail delivita.		1 0m 330-EZ (2019)

Form 990-EZ (2019) TERREWODE WOMENS FUR	1D		47-2	3040	60 Page 2
Part II Balance Sheets (see the instructions for Pa	rt II)				
Check if the organization used Schedule O t	to respond to any qu	estion in this Part II			X
			A) Beginning of year		(B) End of year
22 Cash, savings, and investments \ldots			11,775	22	45,636
23 Land and buildings		-	0		0
24 Other assets (describe in Schedule O)			0		0
25 Total assets			11,775		45,636
26 Total liabilities (describe in Schedule O)			0	26	448
27 Net assets or fund balances (line 27 of column (B) must			11,775	27	45,188
Part III Statement of Program Service Accompli	•		·		Expenses
Check if the organization used Schedule O			II [_]	(Req	uired for section
What is the organization's primary exempt purpose? SUPPOR	r womens health			501(c	c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for				orgar	nizations; optional for
as measured by expenses. In a clear and concise manner, described and other relevant information for each program		led, the number of		other	s.)
persons benefited, and other relevant information for each progra					
28 TERREWODE WOMENJ'S HOSPITAL CAMPAIGN R	ESULTED IN A PO	ORTION			
OF THE FACILITY BEING BUILT					
(Grants \$ 90,786) If this amo	unt includes foreign gra	ants check here	▶ □	28a	50,000
29	funt includes foreign gra			20a	50,000
(Grants \$) If this amo	ount includes foreign gra	ants check here	▶ □	29a	
30	ant moradoo torongin gre		•••••	200	
(Grants \$) If this amo	ount includes foreign gra	ants. check here		30a	
31 Other program services (describe in Schedule O)					
	ount includes foreign gra		_	31a	
32 Total program service expenses (add lines 28a through 3				32	50,000
Part IV List of Officers, Directors, Trustees, and Key				uctior	
Check if the organization used Schedule O to res	pond to any question in	this Part IV			
	(b) Average	(c) Reportable	(d) Health benefits,		
(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employe	e (e) Estimated amount of other compensation
	devoted to position	(if not paid, enter -0-)	benefit plans, and deferred compensation		other compensation
JOHN AGABA					
BOARD MEMBER	1.00	0	C		0
THOMAS BASCOM					
BOARD MEMBER	1.00	0	C		0
CONNIE DIMARCO					
SECRETARY	3.00	0	C		0
LYNNE DOBSON					
BOARD MEMBER	4.00	0	C)	0
ALICE EMASU					
BAORD MEMBER	1.00	0	0)	0
SHARON HOWE					
PRESIDENT	12.00	0	C)	0
GORDON PERKINS					
BOARD MEMBER	1.00	0	C)	0
BONNIE RUDER					
EXECUTIVE DIRECTOR	12.00	0	C	<u> </u>	0
MONICA STEPHENSON					
TREASURER	3.00	0	C	<u> </u>	0
VIVIEN TSU					
VICE PRESIDENT	3.00	0	C		0
	1	1	1	1	

Form 9	Y90-EZ (2019) TERREWODE WOMENS FUND 47-2304	060	F	Page 3
Pa	T V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			. 🗌
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
00 u	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		x
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q	35b		~
		330		<u> </u>
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	250		
~~	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N.	36		x
	Enter amount of political expenditures, direct or indirect, as described in the instructions	_		
	Did the organization file Form 1120-POL for this year?	37b		x
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		x
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	_		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
-	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
Ч	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
u	40c reimbursed by the organization			
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
e	transaction? If "Yes," complete Form 8886-T	400		
		40e		x
41	List the states with which a copy of this return is filed OR The server is the states of the server is the state of the server is t			
42 a	The organization's books are in care of MONICA STEPHENSON Telephone no. 206-3		154	
	Located at ► 1575 MAGNOLIA BLVD, SEATTLE, WA ZIP + 4 ► 98119	-		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		x
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		х
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		►	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ.	44a		x
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ.	44b		x
r	Did the organization receive any payments for indoor tanning services during the year?	44c		x
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			•
u				
1E -	explanation in Schedule O.	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		x
a	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		X

Form 990-EZ (2019)

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Form	990-EZ (2019) TERREWODE WOMENS	5 FUND			47-2304060	Yes	Page 4
46	Did the organization engage, directly or indirectly, in	political campaign activi	ties on behalf of or in opr	position		103	
	to candidates for public office? If "Yes," complete Se	1 1 0				16	x
Pa	t VI Section 501(c)(3) Organizations (-	
	All section 501(c)(3) organizations		ons 47 - 49b and 52	2, and comple	te the tables	or lines	S
	50 and 51.						
	Check if the organization used Sch	edule O to respond	to any question in t	his Part VI			. 🗆
						Yes	No
47	Did the organization engage in lobbying activities or	r have a section 501(h) e	lection in effect during the	e tax			
	year? If "Yes," complete Schedule C, Part II					17	х
48	Is the organization a school as described in section					18	х
49a	Did the organization make any transfers to an exemp		-			9a	х
b	If "Yes," was the related organization a section 527 of	0				9b	
50	Complete this table for the organization's five highest				-		
	employees) who each received more than \$100,000) of compensation from th	e organization. If there is				
		(b) Average	(c) Reportable	(d) Health beneft contributions to em		mated amou	unt of
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, and d compensatio		r compensa	ation
			(1 01113 W-2/1035-W13C)	compensatio			
	n l						
NON	<u> </u>						
f	Total number of other employees paid over \$100,00	0	•	•			
51	Complete this table for the organization's five highest	t compensated independe	ent contractors who each	received more th	nan		
	\$100,000 of compensation from the organization. If	there is none, enter "Nor	e."				
	(a) Name and business address of each independent contract	ctor	(b) Type of service	_	(c) Compensi	sation	
				, 			
NON	E						
d	Total number of other independent contractors each	receiving over \$100,000) >	1			
52	Did the organization complete Schedule A? Note: A	0					
_	completed Schedule A	<u></u>	<u></u>	<u></u>	► X `	res	No
Unde	r penalties of perjury, I declare that I have examined this retu					elief, it is	
true,	correct, and complete. Declaration of preparer (other than of	fficer) is based on all informa	ation of which preparer has a	ny knowledge.			
	BONNIE RUDDER				08-06-2020		
Sig	n Signature of officer			Date			
Her		DIRECTOR					
	Type or print name and title						

	Print/Type preparer's name	Preparer's signature	Date		Check if	PTIN
Paid Debra Sullivan			02-23-2021		self-employed	P00208389
Paid Debra Sullivan Preparer Firm's name EF SERVICE IN Use Only Firm's address 1372 OAK ST				Firm's	EIN 🕨	
Use Only	Firm's address ► 1372 OAK ST					
	Eugene OR 9740	1		Phone	e no. 541-6	86-1633
May the IRS d	liscuss this return with the preparer shown	above? See instructions .		• •		X Yes 🗌 No

SCHEDU	JLE A
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SCHEDULE A (Form 90 or 90-E2) December at the recent/ interaction of the control of the	I				Public Charity Status and Public Support					
(Form 390 of 990-E2) • Attach to Form 390 of Form 390 FZ. Open to Public Public Plant (III) Color unweiting gov/Form990 for instructions and the latest information. Open to Public Plant (III) TEXERSHORE KOMENDE FUND 147-23040000 47-2304000 47-2304000 Text (IIII) A check covered to a subject (IIIII) A check covered to a subject (IIIIII) A check covered to a subject (IIIIIIIIIII) A check covered to a subject (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII						•		••		t. 2019
The analysis of the second seco	•		,	j						
TERREPOSE MOXENEE FUND 47-2304060 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The oparization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convenient of churches, or association of churches described in section 1700(b)(1)(A)(ii). A church, convenient of thurches, or association of churches described in section 1700(b)(1)(A)(iii). A church accompetitive hospital service organization described in section 1700(b)(1)(A)(iii). A church accompetitive hospital service organization described in section 1700(b)(1)(A)(iii). Enter the hospital research organization operated to 1a callage or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). Complete Part II.) B A carganization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(i). Complete Part II.) B A comparization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its everynf functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from granization and operated exclusively for the borefit of 10 particular section 509(a)(2). C An organization namely receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its everynf functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from granization activities the intesex 110. 1 An organization ne				•				the latest	information.	
Part II Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a prive foundation because it (if or fines 11 trough 12, check only not box). 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(0). 2 A school described in section 170(b)(1)(A)(0). (Attach School UE (Form 80 or 500 E2).) 3 A hongial or a cooperated to regulated mesotication described in section 170(b)(1)(A)(0). Enter the hospital sman, oit), and static 4 A medical research organization described in section 170(b)(1)(A)(V). (Complete Part II.) 6 A facteral, state, or local government or governmental unit described an section 170(b)(1)(A)(V). (Complete Part II.) 7 X ha organization described in section 170(b)(1)(A)(V). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) 9 An argunization described in section 170(b)(1)(A)(V). (Complete Part II.) 9 An argunization described in section 170(b)(1)(A)(V). (Complete Part II.) 9 An argunization described in section 170(b)(1)(A)(V). (Complete Part II.) 9 An argunization describe for described in section 170(b)(1)(A)(V). 10 An organization described in section 170(b)(1)(A)(V). 11 A community trust described is section 170(b)(1)(A)(V).	Nam	e of th	e organization						Employer identificati	on number
The organization is not a private foundation because it is (For lines' 1 through 12, check only one box.) A chorphal or a cooperative hospital service organization of churche addiscribed in section 1700(Y1(A)(ii)). A hospital or a cooperative hospital service organization described in section 1700(Y1(A)(iii)). A hospital a rane, oty, and state: A hospital search organization operated to nonjunction with a hospital described in section 1700(Y1(A)(iii)). A hospital search organization operated to reluce the the organization described in section 1700(Y1(A)(iii)). A hospital search organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 1700(Y1(A)(V)). (Complete Part II.) A norganization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 1700(Y1(A)(V)). A norganization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 1700(Y1(A)(V)). A norganization that normally receives a substantial part of its support from contributions, membership fees, and grass receipts from achidites related to its server f100(Y1(A)(V)). A norganization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and grass receipts from achidites related to its server f100 businesses accuried by the organization after fune 30, 1775. See section 509(a)(2). C hord marks from granization after fune 30, 1775. See section 509(a)(2). C hord organization fart normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and grass receipts from achidites related to its server f100 businesses accuried by the organization after fune 30, 1775. See section 509(a)(2). C hord marks from granization after fune 30, 1775. See section 509(a)(2). C hord the box in lines 12 and toget and appreted organization (2) for form the functions (2) for box in li	TER	REW	ODE WOMENS	FUND					47-2304060)
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-E2).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). Enter the hospital service organization described in section 170(b)(1)(A)(ii). Enter the hospital same, 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)(V). 7 & A norganization approximation that normally receives a substraint part of its support fom a governmental unit described in section 170(b)(1)(A)(V). 7 & A norganization the normally receives a substraint part of its support fom contributions, membership fees, and gross receiption machivities reganization the community true described in section 170(b)(1)(A)(V). (Complete Part II.) 9 An againization the normally receives as usative (see instructions). Enter the name, city, and state of the college or university: 10 An organization norganized and operated exclusively to test to cubic safety. See section 510(a)(A) 11 An organization organized and operated exclusively to the torpula: safety. See section 510(a)(A) 12 An organization organized and operated exclusively to the supporting organization (S)(A)(A) (S) (See section 506(a)(A). 11 An organization organized and operated exclusively to the supporting organization (S) (See section 51	Pa	art I	Reason	for Public Charity	y Status (All or	rganizations must c	omplete	this part	.) See instructions	•
2 A school described in section 170(b)(1)(A)(ii), (data Schedule E (Form 980 or 990-E2)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital service, organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital service, organization operated in conjunction with a hospital described in section 170(b)(1)(A)(V). 6 In degratization operated of the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). 7 Ø A organization that normally receives a substituit part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(V). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(V). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(V). (Complete Part II.) 9 An agricultural research organization described in section 500(c)(2). Complete Part II.) 9 An agricultural research organization described in section 500(c)(2). Complete Part II.) 10 An organization organization described in section 500(c)(2). Complete Part II.) 11 An organization organization described in section 500(c)(2). Complete Part II.) 12 An organization organization agriculture (seaclinstruceion 500(c)(2). Com	The	orga	nization is not a	private foundation bec	ause it is: (For line	s 1 through 12, check on	y one box.)		
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). (Complete Part II.) A federal, state, or local governmental unit described in section 170(b)(1)(A)(V). A federal, state, or local governmental unit described in section 170(b)(1)(A)(V). Complete Part II.) A federal, state, or local governmental unit described in section 170(b)(1)(A)(V). A federal, state, or local governmental unit described in section 170(b)(1)(A)(V). Complete Part II.) An agnicultural research organization described in section 170(b)(1)(A)(V). Complete Part II.) An agnicultural research organization described in section 170(b)(1)(A)(V). Complete Part II.) An organization that normally receives: (1) more than 33 1/3%, of its support fom contributions, mertans 31 /3% of its support fom gonoxino after June 30 /13%. Of its support for gonoxino state 31 /13% of its support form gonoxino after June 30 /13%. Of its support for gonoxino sit nest as a support for gonoxino after June 30 /13%. Of its support for gonoxino sit nest as a support for gonoxino after June 30 /13%. Of its support of gonalization (50 /14%). An organization organized and operated exclusively to the store of sub(s) /10 / section 509(a)(2). Check the box in lines 12 a through 12d that describes the type of supporting organization (50 /14%). An organization organized and operated exclusively to the store of supporting organization (50/4)(2). See section 509(a)(2). Check the box in lines 12 a through 12d that describes the type of supporting organization (50/4)(2). Check the box in lines 12 a through 12d that describes the type of supporting organization (1		A church, conv	vention of churches, or	association of chu	urches described in sect	ion 170(b))(1)(A)(i).		
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's anne, diy, and state: A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). (Complete Part II.) A norganization that normally receives a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(V). A norganization that normally receives a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(V). A norganization that normally receives a substantial part of its support from conjunction with a land-grant college or university: A norganization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross meseips 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 traable income (less section 509(a)(2). An organization organization and rule additive (see there that obscipes a substantial part of the subjects traable income (less section 509(a)(2). An organization organization additive (set to public safety. See section 509(a)(2). Check the box in lines 124 morph 20 that describes the type disporting organization additives (set to subject a majority of to the purposes of one or more publicly supported organization operated, supervised, or controlled by its supported organization(s), typically by giving the supporting organization supervised, or controlled by its supported organization(s), typically by giving the supporting organization supervised, or controlled by its supported organization(s), typically by giving the supporting organization supervised, or controlled by its supported organization(s), typically by giving the supporting organization supervised anorganization experted in connection with its support directore	2		A school desc	ribed in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 d	or 990-EZ)	.)		
sopplatifs 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)(v). 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 substatial part of its support from a governmental unit of rom the general public described in section 170(b)(1)(A)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(k) operated in conjunction with a land-grant college or university or a nor-land-grant college of agricultum (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, membersity fees, and gross receipts from achiets related to its exempt functions - subject to cardin acceptions, and (2) no more than 33 1/3% of its support from organization organization organization organization described in section 509(c)(1) or section 509(c)(2). 11 An organization organization described in section 509(c)(1) or section 509(c)(2). 12 An organization organization operated, subpervised or outprive to public sections of trustees of the supporting organization organization organization organization organization describes the type of supporting organization and complete lines 12e, 12l, and 12g. 11 An organization organization operated, supervised or controlled to manetchow with is supported organization(s), by pically by gising the supoporting organization organization operated in sectio	3		A hospital or a	cooperative hospital	service organizatio	n described in section 1	70(b)(1)(A	()(iii).		
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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 supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated 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. 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 sective d any integrated supporting organization (s) theter the number of supported organizations (here the number of supported organizations (here the number of supported organizations (here the number of supported organizations). (t) Amount of motere and the part	11		An organizatio	n organized and opera	ated exclusively to	test for public safety. Se	e section	509(a)(4).		
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functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations		е							Type II, Type III	
f Enter the number of supported organizations (iii) 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 (v) Amount of monetary support (see instructions)) (v) Amount of monetary support (see instructions) (A) Yes No (B) Image: Comparison of the support of the										
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above (see instructions)) dccument? instructions) Yes No (A) Image: Comparison of the second s		(i) Name of supported	organization	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Amount of monetary	(vi) Amount of
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(A) (A) (A) (A) (B) (B) (B) (C) (C) (C) (C) (C) (C) (C)						above (see instructions))	docum	ient?	instructions)	instructions)
(B) (C) (Yes	No		
(B) (C) (
(C)	(A)									
(C)	(P)									
	(B)									
	(<u>)</u>									
	(0)									
	(D)									

(E)

	rt II Support Schedule for Organiz		ribed in Sect				/i)
	(Complete only if you checked the Part III. If the organization fails to						ty under
Sec	ction A. Public Support	o quality unue		sted below, ple		er art m.j	
_	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and	(4) 2010	(6) 2010	(0) 2011	(u) 2010	(0) 2010	
•	membership fees received. (Do not						
	include any "unusual grants.")			129,505	172,107	90,786	392,398
2	Tax revenues levied for the			123,503	1,1,10,	507700	
_	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3			129,505	172,107	90,786	392,398
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)						
6	Public support. Subtract line 5 from line 4						392,398
	ction B. Total Support						
	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4			129,505	172,107		392,398
8	Gross income from interest, dividends,						
-	payments received on securities loans,						
	rents, royalties and income from						
	similar sources			40			40
9	Net income from unrelated business						
•	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10.						392,438
	Gross receipts from related activities, etc. (s	ee instructions	;)			12	3327130
	First five years. If the Form 990 is for the o						(3)
10	organization, check this box and stop here						_
Se	ction C. Computation of Public Suppo						···· · <u> </u>
	Public support percentage for 2019 (line 6, c			column (f))		14	99.99 %
	Public support percentage from 2018 Sched		-			15	99.99 %
	33 1/3% support test - 2019. If the organization						
	box and stop here. The organization qualified						
k	33 1/3% support test - 2018. If the organization						
_	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2019			-			
	10% or more, and if the organization meets	-					
	Part VI how the organization meets the "fact						
	organization			•	•		_
ŀ	10%-facts-and-circumstances test - 2018.						
K	15 is 10% or more, and if the organization m	•					
	Explain in Part VI how the organization mee						clv
	supported organization				• .	•	•
18	Private foundation. If the organization did r						· · · F 🗋
10	instructions				•		▶ □
					• • • • • • • •		· · · · · ·

Sche	dule A (Form 990 or 990-EZ) 2019 TERREWODE	WOMENS FUR	ND			47-	2304060	Page 3
Pa	rt III Support Schedule for Organiz			tion 509(a)(2	2)			
	(Complete only if you checked t	he box on lin	e 10 of Part I	or if the orga	nization failed	l to qua	alify under	[·] Part II.
	If the organization fails to qualify	/ under the te	ests listed bel	ow, please co	omplete Part I	l.)		
Sec	ction A. Public Support							
Cal	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	019	(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 fumished 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							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
	line 6.)							
	ction B. Total Support							
Cal	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	019	(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							
	Add lines 10a and 10b							
11								
	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.)						504()(0)	
14	First five years. If the Form 990 is for the or	•			•			
0	organization, check this box and stop here				• • • • • • • •			▶ 🗌
	ction C. Computation of Public Suppor					45		04
	Public support percentage for 2019 (line 8, c		•			15		%
_	Public support percentage from 2018 Sched					16		%
	ction D. Computation of Investment Inc			ino 12 octore	(f))	47		0/
17 10	1 5		•••••••			17		%
	Investment income percentage from 2018 So					18	0 4 /00/	%
198	33 1/3% support tests - 2019. If the organiz							
L	17 is not more than 33 1/3%, check this box	-	-	-		-	-	
a	33 1/3% support tests - 2018. If the organiz							
20	line 18 is not more than 33 1/3%, check this	-	-				-	
20	Private foundation. If the organization did n	IOL CHECK & DO	x on line 14, 19	a, ur 190, che	or this box and	see ins	Suucions.	🕨 🗋

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	Sectior	ns A	
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co	mplete	•	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V.)		
ecti	ion A. All Supporting Organizations			
			Yes	N
	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.	1		
	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).	2		
а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer</i>	0.0		
	(b) and (c) below. Did the construction of the construction of the construction $(c) = (c) + (c$	3a		
C	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	24		
_	organization made the determination. Did the extension used evaluation for eaction $170(a)(2)(R)$	3b		
;	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$	20		
_	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If	3c		
a	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	4a		
D I	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.	4b		
с		чы		
Ŭ	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.	4c		
а	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).	5a		
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?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	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.	6		
	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
	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).	8		
а	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 .	9a		
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.	9b		
С	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.	9c		
a	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.	10a		
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.)	10b		

Schedule A (Form 990 or 990-EZ) 2019	RREWODE WOMENS FUND	47-2304060		Pa	age 5
Part IV Supporting Organ	izations (continued)				
			٢	Yes	No
11 Has the organization accepted	d a gift or contribution from any of the following pe	ersons?			
a A person who directly or indire	ectly controls, either alone or together with persor	ns described in (b) and (c)			
below, the governing body of	a supported organization?	1	1a		
b A family member of a person	described in (a) above?	1	1b		
c A 35% controlled entity of a p	erson described in (a) or (b) above? If "Yes" to a,	b, or c, provide detail in Part VI .	1c		
Section B. Type I Supporting					
1 Did the directory tructory or	membership of one or more supported organizat	ione have the newer to	١	Yes	No
	membership of one or more supported organizati	-			
	ast a majority of the organization's directors or tru	-			
-	Part VI how the supported organization(s) effective				
-	activities. If the organization had more than one su				
	ppoint and/or remove directors or trustees were a				
organizations and what condi-	tions or restrictions, if any, applied to such power	s during the tax year.	1		
2 Did the organization operate f	or the benefit of any supported organization othe	r than the supported			
organization(s) that operated,	supervised, or controlled the supporting organization	ation? If "Yes," explain in Part			
VI how providing such benefit	carried out the purposes of the supported organi	ization(s) that operated,			
supervised, or controlled the s			2		
Section C. Type II Supporting					
			١	Yes	No
1 Were a majority of the organiz	zation's directors or trustees during the tax year a	Iso a majority of the directors			
or trustees of each of the orga	anization's supported organization(s)? If "No," des	scribe in Part VI how control			
-	ting organization was vested in the same person				
the supported organization(s)		-	1		
Section D. All Type III Suppor	ting Organizations				
<i>?</i> , ,,				1	

			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).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
-	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.
- 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.
- **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.*
- 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.*
- **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.*

2a

2b

3a

Yes

No

Schedule A (Form 990 or 990-EZ) 2019 TERREWODE WOMENS FUND		47-230	4060 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			-
instructions. All other Type III non-functionally integrated supporting organized	zation	s must complete Section	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea
			(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 Yea (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	integr	ated Type III supporting	g organization (see
		ated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2019

Sched	Ile A (Form 990 or 990-EZ) 2019 TERREWODE WOMENS FUND		47-230	4060 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3	Supporting Organiz	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exen	npt 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 purpose	s of supported organizat	ions	
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	e organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		<i>(</i> 1)	
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
-	Applied to 2019 distributable amount			
_ <u>i</u>	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
0	and 4c.			
8	Breakdown of line 7: Excess from 2015			
	Evenes from 2016			
	Evenes from 2017			
	Evenes from 2019			
	Evenes from 2010			
EEA			Schod	ule A (Form 990 or 990-EZ) 2019
			ocheu	

Schedule A (Fo	m 990 or 990-EZ) 2019 Page 8
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 O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TERREWODE WOMENS FUND

Employer identification number 47-2304060

01. Description of other expenses (Part I, line 16)			
DESCRIPTION	AMOUNT		
FAXES AND FEES	224		
OFFICE EXPENSES	943		
ADVERTISING AND PROMOTION	2,544		
MEETINGS	1,088		
02. Description of total liabiliti	es (Part II, line 26)		
CATEGORY	BEGINNING OF YEAR	END OF YEAR	
PAYROLL TAXES DUE	0	448	