Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

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

Open to Public

		the Treasury ue Service		► Go to v	vww.irs.gov/Form99	0 for instructions	and the late	st inform	nation		Inspe	ction
		2021 calendar y	vear, or ta				1, 2021, a			1:	2-31 ,202	
_		applicable:			RREWODE WOMENS		_ ,,				n number	
	Address c			business as		. 10112				p.	47-23040	
	Name cha	-			O. box if mail is not delivered	to street address)		Room/su	ito	E Tolor	hone number	
_	Initial retu	-		ALDER ST				100m/30	10			
		rn/terminated			vince country and ZID or fo	roign postal anda		I		C Croo	s receipts	
					vince, country, and ZIP or fo	leigh postal code				G GIUS	is receipts	746 254
	Amended			E, OR 974		DTWADGO			11/->	<u>.</u>	<u> </u>	746,254 Yes X No
	Applicatio	n pending									for subordinates?	
	.	npt status: X 501			OOP EUGENE OR				H(b) Are all s			Yes 🗌 No
) (insert no.)	4947(a)(1) or	527		1		st. See instructions	
	Website:		rporation						H(c) Group e			
	rt I	rganization: X Cor Summary	rporation	_ Trust _ Ass	ociation Other ►	l	 Year of format 		.4 M S	state of leg	gal domicile: O	<u>x</u>
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ė					ANDA THROUGH						BI SUPPO	RTING
Governance		HOLISTIC TI	REATME	NT AND AC	CESS TO SAFE (HILDBIRTH ED	UCATION	AND S	ERVICES	•		
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	3		-	-	rning body (Part VI, li							13
les	4			0	s of the governing bo	,						13
Activities &	5				calendar year 2021	,				-		1
Act	6	Total number of			• •							15
	7a				Part VIII, column (C),					7a		0
	a	Net unrelated bu	usiness ta	axable income	from Form 990-T, Pa	rt I, line 11		• • • •		7b		0
					41.)				Prior Year		Current	
	8	Contributions an	•		,				127	,617		746,182
nu	9	Program service revenue (Part VIII, line 2g)										0
Revenue	10		•	•						5		72
Ř	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)										0
	12									,622		746,254
	13				X, column (A), lines 1				110	,000		353,500
	14	•	Benefits paid to or for members (Part IX, column (A), line 4)									0
ŝ	15				•					,330		25,046
Expenses			-		column (A), line 11e)				2	,210		5,478
xpe					lumn (D), line 25) ►		5,478	-				00.062
ш										,202		22,863
	18 19				18 from line 12					,742		406,887
	-	IVEACUTOR 1622 6)	ADEI 1969.			•••••	• • • • • •		3 nning of Curre	,880	End of	339,367
sor	5 	Total assets (Pa	ort X line	16)					Ū.		Elia or	391,323
sset	20			,						,006 ,938		2,888
Net Assets or	22	· ·		,	line 21 from line 20					,068		388,435
	rt II	Signature				•••••	••••	•		,000		300,433
				examined this retu	rn, including accompanying	schedules and statements	, and to the best	t of my know	vledge and beli	ief, it is		
true	, correct, a	and complete. Declara	tion of prepa	arer (other than off	icer) is based on all informat	ion of which preparer has	any knowledge.					
		BONNIE	RUDER									
Sig	n	Signature of								Da	ite	
Hei		BONNIE	RUDER	, EXECUTT	VE DIRECTOR							
	-	Type or print		-								
		Print/Type prepare	er's name		Preparer's signature		Date		Check	☐ if	PTIN	
Pai	d	Debra Sul	livan		Debra Sullivar	ı	04-19-20	22	self-emp		P002083	389
	parer			EF SERVI					ïrm's EIN ►	-,		
	e Only			1372 OAK					hone no.			
				Eugene C						541-	686-1633	
Mav	the IRS	S discuss this retu	um with th	-	own above? See instr	ructions					X Ye	s 🗌 No

Form	990 (2021) TERREWODE WOMENS FUND 47-2304060 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO HELP END OBSTETRIC FISTULA AND OTHER CHILDBIRTH INJURIES IN UGANDA THROUGH A LONG-TERM
	PARTNERSHIP WITH TERREWODE BY SUPPORTING HOLISTIC TREATMENT AND ACCESS TO SAFE CHILDBIRTH
	EDUCATION AND SERVICES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	Did the organization cease conducting, or make significant changes in how it conducts, any program
	If "Yes," describe these changes on Schedule O.
	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 \$ 396,553 including grants of \$ 353,500) (Revenue \$ 746,182)
	FOUNDED IN 2014, TERREWODE WOMEN'S FUND IS A LONG-TERM PARTNER WITH TERREWODE, A UGANDAN NGO
	WORKING TO END FISTULA AND IMPROVE MATERNAL HEALTHCARE IN UGANDA. TERREWODE WOMEN'S FUND
	SUPPORTED THE CONSTRUCTION AND LAUNCH OF TERREWODE WOMEN'S COMMUNITY HOSPITAL IN 2019, THE FIRST
	SPECIALIZED FISTULA HOSPITAL IN UGANDA. TERREWODE WOMEN'S COMMUNITY HOSPITAL PROVIDES WORLD-CLASS
	COMPREHENSIVE FISTULA TREATMENT FREE OF CHARGE TO HUNDREDS OF WOMEN EACH YEAR. TERREWODE WOMEN'S
	FUND ALSO SUPPORTS TERREWODE'S HOLISTIC REINTEGRATION PROGRAM, WHICH PROVIDES COUNSELING, FISTULA
	AND SAFE MOTHERHOOD EDUCATION, ADVOCACY AND FINANCE TRAINING, AND ON-GOING COMMUNITY-BASED
	SUPPORT GROUPS FOR FISTULA SURVIVORS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	<u> </u>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
44	Other program cap ison (Deparity on Schedula O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	
EA	Total program service expenses ► 396,553 Form 990 (2021)
_^	

Part IV Checklist of Required Schedules 1 bit the organization described in section SDI(c)(3) or 4947(a)(1) (other than a private foundation)? II "Yes." 2 bit the organization required to complete Schedule A, Schedule of Contributors? See instructions. 2 3 Duit the organization required in detect or inder policitical annaging anothises on behall of orin opposition to candidates for public office? II "Yes." complete Schedule A, Part I. 3 4 Section SDI(c)(3) organizations. D the organization text revealws membership dues, assessments. Joint as addited in Rev. Proc. 39: 1071 "Yes." complete Schedule C, Part II. 5 6 Did the organization rearge in a mount in Rev. Proc. 39: 1071 "Yes." complete Schedule C, Part II. 5 7 Science SDI(c)(4), 501(c)(6). GGI(0) organization text revealws membership dues, assessments to provide active on the distribution or investment of anorus. 6 7 Did the organization members and duesd funds or any similar funds or accounts /I "Yes." complete Schedule D, Part II. 7 8 Did the organization relation and order or investment of anorus. 8 9 Did the organization relation of a discreture or custodial account liability.serve as custodian for amounts in such Maxed. 8 9 Did the organization relation and anorus of an related organization. Hold assets in fonon-restricted endowments or in organization resonage	_	0 (2021) TERREWODE WOMENS FUND 47-23040	60	P	age 3
complete Schedule A	I)	Checklist of Required Schedules			1
complete Schedule A				Yes	No
2 Is the organization enquee in direct or index of policy collical campaign activities on behaff of or in opposition to candidates for public office? If "Yes," complete Schedulo C, Part I 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbring activities, or have a section 501(h) election in folect during the taxy part If "Yes," complete Schedulo C, Part II 4 5 Is the organization activities of complete Schedulo C, Part II 4 6 Did the organization activities on the argonization engage in lobbring activities. Or have a section 501(h) election in the resolves membership dues, assessments, or similar amounts as defined in the PR- Proc. 98-191 "Yes," complete Schedule C, Part II 5 7 Did the organization resolve on the distribution or investment of amounts in such funds or accounts? II "Yes," complete Schedule D, Part II. 7 8 Did the organization resolve on thold a coreavalino acasement. Including assements to preserve open space. the environment, historic land areas, or historic structures? II "Yes," complete Schedule D, Part II. 7 9 Did the organization resolve on thord a coreavel organization. Including assements to preserve open space. The environment sport an amount for land, buildings, and equipment in Part X, line 10, Part II. 7 9 Did the organization resolve on thord activities of aganization, hold assets in door-ressriced endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 9 10 <td< th=""><td></td><td></td><td></td><td></td><td></td></td<>					
3 Did the organization engage in direct or indirect political campaign activities on bahaf of or in opposition to candidates for public offici? If "Yes," complete Schedule C, Part I 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect duming the tax year (II "Yes," complete Schedule C, Part II 4 5 Is the organization ascinc. Did the organization engage in lobbying activities, or have a section 501(h) election in effect duming the tax year (II "Yes," complete Schedule C, Part II 5 6 Did the organization mains and other of did tudos or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts is such funds or accounts? II "Yes," complete Schedule D, Part I 7 7 Did the organization mains collection of vinces and tudos are any similar tubases, or other similar assets? If "Yes," complete Schedule D, Part II 7 8 Did the organization moniton in Part X, line 21, for escrew or custodial account lability, serve as a custodian to area. The 'ws," complete Schedule D, Part II 8 9 Did the organization robit did in Part X, complete Schedule D, Part II 9 10 Did the organization robit account is an charse? If "Yes," complete Schedule D, Part V 10 11 If the organization robit and in Part X, line 21, for escrew or custodial account lability, serve as a custodian for amounts in schedule organization hold assets in donor restricted endowmen		•	1	х	
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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 II "Yes," complete Schedule D, Part V 9 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? II "Yes," complete Schedule D, Part V 10 11 If the organization aswere to any of the following questions is "Yes," then complete Schedule D, Part V 10 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? II "Yes," complete Schedule D, Part VI 11 13 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? II "Yes," complete Schedule D, Part VII 11 14 Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? II "Yes," complete Schedule D, Part VII 11 11 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 111 11 Did the organization asparate, independent audited financial statements for the tax year induce a footnote that addresses the organization astoral measurement associal tatements for the tax year? II "Yes," complete Schedule D, Part X 112 12 Did the organ	Dic	d the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
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 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	Dic	d the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions 17 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 18 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 19 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a	ass	sistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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 18 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. 19 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20a	Dic	d the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III 19 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a	Pa	rt IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," complete Schedule G, Part III. 19 20 a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	Dic	d the organization report more than \$15,000 total of fundraising event gross income and contributions on			
If "Yes," complete Schedule G, Part III. 19 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Pa	rt VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Dic	d the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	f "	Yes," complete Schedule G, Part III	19		x
h If "Ves" to line 20a did the organization attach a conv of its audited financial statements to this return?	Dic	d the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	f "	Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	20b		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	Dic	d 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	lo	mestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form	1 990 (2021) TERREWODE WOMENS FUND 47-23040	60	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			1
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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	23		х
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	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		х
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	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
~~	persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
~~	"Yes," complete Schedule L, Part IV.	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
~	conservation contributions? If "Yes," complete Schedule M	30		x
31		31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
~~	complete Schedule N, Part II	32		х
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.	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24		
25-	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	254		
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	20		
Der	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	<u> </u>
Par				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	
1-	Enter the number reported in Roy 2 of Form 1006 Enter 0, if not appliable		res	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 1b 0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
С		1c		
	reportable gaming (gambling) winnings to prize winners?	16		i

		-23040	60		Page 5
Par				Yes	No
2 a	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 returm 2a	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		х
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		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	F	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).		00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
а	and services provided to the payor?		7a		v
L.		t the second			х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	• • • •	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		_		
	required to file Form 8282?		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	t t	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	t t	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.	t	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		х
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		х
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		х
0	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
1	Section 501(c)(12) organizations. Enter:				
а	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.)				
2a	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				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.		154		
h	Enter the amount of reserves the organization is required to maintain by the states in which				
b					
_	the organization is licensed to issue qualified health plans				
C	Enter the amount of reserves on hand				
4a	Did the organization receive any payments for indoor tanning services during the tax year?	t t	14a		х
b _	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule Q</i>	••••	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	• • • •	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.				
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		х
	If "Yes," complete Form 4720, Schedule O.				
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Forr	m 990 (2021) TERREWODE WOMENS FUND 47-2	30400	50	Р	age 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a	nd for a	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See ins				
	Check if Schedule O contains a response or note to any line in this Part VI				. X
See	ction A. Governing Body and Management				1
		Г		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	13			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	13			
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?		2		х
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?		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		х
6	Did the organization have members or stockholders?		6		х
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?		7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	stockholders, or persons other than the governing body?		7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following:				
а	The governing body?	F	8a	х	
b	Each committee with authority to act on behalf of the governing body?	•••	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	•••	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
10-	Did the exercited have lead shorters branches as officiated?	Г	100	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	•••	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		104		
11-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	-	10b		
11a ה	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .		11a	x	
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a		v
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	F	12a		x
D C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	•••	120		
C	describe in Schedule O how this was done.		120		
13	Did the organization have a written whistleblower policy?	H	12c 13		v
13 14	Did the organization have a written document retention and destruction policy?	-	14		x x
15	Did the process for determining compensation of the following persons include a review and approval by		17		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	x	
b	Other officers or key employees of the organization	-	15b	x	
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
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?	[16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?		16b		
Sec	tion 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website 🛛 Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,				
	and financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	CONNIE DIMARCO (206)372-5154, 1926 WOODSON LOOP, EUGENE, OR 97405				

Form 990 (20	21) TERREWODE WOMENS FUND	47-2304060	Page 7							
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated Employe	es, and							
	Independent Contractors									
	Check if Schedule O contains a response or note to any line in this Part VII		🗌							
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
1a Complete	1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the									
organization's	rganization's tax year.									
 1 *** * ** 	• Let all of the annual static structure of the state threads a finite state to the state of a second of									

• 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

		(C)								
(A)	(B)	Position				(D)	(E)	(F)		
Name and title	Average	(do not check more than one box, unless person is both an					,	Reportable	Reportable	Estimated amount
	hours				irector/trustee)			compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations W-2/	compensation from the
	(list any hours for	Individual trustee or director	Ins	Officer	Key	em	For	1099-MISC/	1099-MISC/	organization and
	related	ividu direc	titutio	icer	/ em	hest	Former	1099-NEC)	1099-NEC	related organizations
	organizations	al tru	Institutional trustee		Key employee	e com				
	below	Istee	trust		ee	Ipen				
	dotted line)		ee			Highest compensated employee				
						<u> </u>				
(1) KATE_DANDEL	1.00									
BOARD MEMBER		х						0	0	0
(2) SOHIER ELNEIL	1.00									
BOARD MEMBER		х						0	0	0
(3) AUDREY GARRETT	1.00									
BOARD MEMBER		х						0	0	0
(4) ALICE EMASU	1.00									
EX OFFICIO		х						0	0	0
(5) JULIE TEMPEST	1.00									
BOARD MEMBER		х						0	0	0
(6) LYNNE DOBSON	1.00									
BOARD MEMBER		х						0	0	0
(7) THOMAS BASCOM	1.00									
BOARD MEMBER		х						0	0	0
(8) JOHN AGABA	1.00									
BOARD MEMBER		х						0	0	0
(9) ANNIKA VAN GILDER	3.00									
SECRETARY		х		х				0	0	0
(10)CONNIE DIMARCO	1.00									
TREASURER		х		х				0	0	0
(11)VIVIEN TSU	3.00									
VICE PRESIDENT		х		х				0	0	0
(12) SHARON HOWE	3.00									
BOARD MEMBER		х		х				0	0	0
(13)CAROLYN ANDERMAN	3.00									
PRESIDENT		х		х				0	0	0
<u>(14)</u>	L									

	90 (2021) TERREWODE WOMENS									47-230	4060	F	Page 8
Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	oloyee	s, ar		lighe (C)	est Co	omp	ensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week (list any hours for	(do not check more than or box, unless person is both officer and a director/truste						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	org	(F) mated am of other ompensat from the anization ed organiz	r tion and
		related organizations below dotted line)	Individual trustee or director	Institutional trustee		Key employee	mignest compensated employee	r Normonotod					
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Subtotal	· · · · · · · · ·	•••	•••		• •	•••	• •					
c d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)		• • •					-	0	0			0
2	Total number of individuals (including but not limit	ted to those I							ore than \$100,000				0
	reportable compensation from the organization	•										Yes	C No
3	Did the organization list any former officer, direc employee on line 1a? <i>If "Yes," complete Schedu</i>		-				-				3		
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th	eportable co	mpensa	ation	and	loth	er cor	npen	sation from the				x
5	individual										. 4		x
Socti	for services rendered to the organization? If "Yes	s," complete	Schea	lule .	J for	SUC	h pers	son			5		х
<u>3ecti</u> 1	on B. Independent Contractors Complete this table for your five highest compensa												
	compensation from the organization. Report comp (A)	Densation for	ine cai	enua	ar ye	are	enaing	with	(B)		(C)		
	Name and business addres	SS							Description of servic	es	Compen	sation	
								-					
								-					
2	Total number of independent contractors (includin	g but not lim	ited to	thos	e lis	ted a	above) wh	0				

Form 9	<u> </u>	21) TERRE	WOD	E WOMENS	S FUI	ND			47-23040	60 Page 9
Part	VIII	Statement of Rev	enu	Je						
		Check if Schedule O co	ontair	ns a respons	se or n	ote to any line in thi	S Part VIII (A) Total revenue	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512–514
	_ 1a	Federated campaigns .			1a					
s no	b	Membership dues			1b					
rant	c									
Ū Ū	d									
3ifts ar A	е	Government grants (conti	ributi	ons)	1e					
inil, C	f	All other contributions, gifts, grants,								
er S		and similar amounts not i	ncluc	ded above	1f	746,182				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions inc	clude	ed in						
nd .		lines 1a-1f			1g					
	h	Total. Add lines 1a-1f	••			· · · · · · · ►	746,182			
						Business Code				
e	2a									
β	b									
Sei	С									
Program Service Revenue	d									
2 B R	е									
Ϋ́		All other program service								
	g	Total. Add lines 2a-2f .	••			•••••				
	3	Investment income (includ								
		other similar amounts) .					72	72		
	4	Income from investment of		•	•					
	5	Royalties	· ·							
	0	Orean rests	0	(i) Rea		(ii) Personal				
		Gross rents								
		Less: rental expenses								
		Rental income or (loss) Net rental income or (loss)	6C	1		└ · · · · · · ►				
			, . 							
	7a	Gross amount from sales of assets		(i) Securiti	les	(ii) Other				
		other than inventory	7a							
	h	Less: cost or other basis	14							
đ	–	and sales expenses	7h							
nu		Gain or (loss)								
Other Revenue		Net gain or (loss)								
er R		Gross income from fundra								
Gth		events (not including \$_	-							
Ũ		of contributions reported c			-					
		1c). See Part IV, line 18			8a					
	b	Less: direct expenses .			8b					
	c	Net income or (loss) from	fund	raising even	ts .					
		Gross income from gaming		-						
		activities, See Part IV, line			9a					
	b	Less: direct expenses .			9b					
	c	Net income or (loss) from	gami	ing activities						
	10a	Gross sales of inventory, I returns and allowances .			10a					
	b	Less: cost of goods sold			1 0 k					
	c	Net income or (loss) from	sales	s of inventor	у	· · · · · · •				
						Business Code				
SU	11a									
ano	b									
ella sver	С									
Miscellanous Revenue	d	All other revenue								
2	e	Total. Add lines 11a-11d	•							
	12	Total revenue. See instru	uction	ns			746,254	72	0	0

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).

Il other organizations must complete column (A).

Do r	Check if Schedule O contains a response or note to ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	•	Total expenses	Program service	Management and	Fundraising
	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
-	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	353,500	353,500		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	25,046	25,046		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а					
b	Legal				
С	Accounting	1,615		1,615	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	5,478			5,47
f	Investment management fees	57175			5717
g	Other. (If line 11g amount exceeds 10% of line 25, column				
Э	(A) amount, list line 11g expenses on Schedule O.)	2,730	275	2,455	
12	Advertising and promotion	2,730	275	2,455	
		668	667		
13		667	667		
14		13,742	13,742		
15	Royalties				
16					
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		786		786	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	STATE TAXES AND FEES	300	300		
b	DONOR APPRECIATION	36	36		
с	EDUCATION AND AWARENESS	2,987	2,987		
d			• ·		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	406,887	396,553	4,856	5,478
26	Joint costs. Complete this line only if the	100,007			5,27
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				

EEA

Form	990 (20	D21) TERREWODE WOMENS FUND	4	7-23040	60 Page 11
Part	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	51,006	1	241,299
	2	Savings and temporary cash investments		2	150,024
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	51,006	16	391,323
	17	Accounts payable and accrued expenses	1,938	17	2,888
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ş	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,938	26	2,888
		Organizations that follow FASB ASC 958, check here 🕞 🗴			
s		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	49,068	27	348,435
ala	28	Net assets with donor restrictions		28	40,000
ЧB		Organizations that do not follow FASB ASC 958, check here			
-un		and complete lines 29 through 33.			
orF	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
let /	32	Total net assets or fund balances	49,068	32	388,435
	33	Total liabilities and net assets/fund balances	51,006	33	391,323

EEA

Form 990 (2021)

Form	990 (2021) TERREWODE WOMENS FUND 4'	7-230406	0	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1		746,	,254
2	Total expenses (must equal Part IX, column (A), line 25)	2		406,	,887
3	Revenue less expenses. Subtract line 2 from line 1	3		339,	,367
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		49,	,068
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		388,	,435
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Carola Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		x
	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				
С	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u>.</u> .	3b		
EEA			Form	990 (2021)

SCHEDULE	Α
(Form 990)	

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.

OMB No. 1545-004	7
2021	

				.gamzanon io a coonon		enen 1011 (u)	(.)				
								Open to Public			
			► Go	to www.irs.gov/Fo	ov/Form990 for instructions and the latest information.				Inspection		
Name	of the or	ganization						Employer identificati			
		WOMENS						47-23040			
Par					l organizations mus			art.) See instruct	ions.		
	_				es 1 through 12, check o	-					
1					hurches described in se		(b)(1)(A)(i)				
2					h Schedule E (Form 990						
3	=	•		0	ion described in section						
4			-	perated in conjunct	ion with a hospital desc	ribed in se	ction 170(b)(1)(A)(iii). Enter th	e		
_			e, city, and state:	<i>c. c</i>							
5		-		-	r university owned or op	erated by a	a governme	ental unit described in			
c		•)(1)(A)(iv). (Comple		unit described in sectio	m 470/h)/	4)(A)()				
6	=		•	•	unit described in sectio			rom the general public			
7		-	-		art of its support from a g	jovernmen	unit of i	om the general public	;		
0	_		ection 170(b)(1)(A)								
8 9	_	-			(vi). (Complete Part II.) ction 170(b)(1)(A)(ix) o	poratod in	conjunctio	n with a land grant of			
9		-	•		(see instructions). Enter		-	•	Jilege		
		ersity:	a non-ianu-granic co	nege of agriculture		ule name,	city, and Si	ate of the conege of			
10	_	· _	n that normally recei	ves: (1) more than	33 1/3% of its support fr	om contribu	utions mer	nhershin fees and ar	200		
	rece	eipts from a	activities related to its	s exempt functions,	subject to certain excep	tions; and	(2) no mor	e than 33 1/3% of its			
					e section 509(a)(2). (Co) from businesses			
11		•	•		o test for public safety.	•) .			
12		-	•	•	r the benefit of, to perform			•	oses of		
					ed in section 509(a)(1)						
				-	e of supporting organiza						
а			-		rvised, or controlled by i			-	giving		
					rly appoint or elect a ma		-				
		supporting	organization. You	must complete Pa	rt IV, Sections A and B	5.					
b		Type II. A	supporting organiza	tion supervised or	controlled in connection	with its su	pported or	ganization(s), by hav	ing		
		control or	management of the s	supporting organiza	tion vested in the same	persons that	at control o	r manage the support	ed		
		organizati	on(s). You must co	mplete Part IV, Se	ctions A and C.						
С		Type III fu	inctionally integrat	ed. A supporting or	ganization operated in c	connection	with, and	functionally integrate	d with,		
		its suppor	ed organization(s) (see instructions). Y	ou must complete Par	t IV, Secti	ons A, D,	and E.			
d	I 🗌	Type III n	on-functionally inte	egrated. A supporti	ng organization operate	d in conne	ction with	ts supported organiz	ation(s)		
		that is not	functionally integrate	ed. The organizatior	n generally must satisfy a	distributio	n requirem	ent and an attentivene	ess		
		requireme	nt (see instructions)	. You must comple	ete Part IV, Sections A	and D, an	nd Part V.				
е		Check this	box if the organizati	on received a writte	n determination from the	IRS that it	t is a Type	I, Type II, Type III			
					integrated supporting o	rganizatior	٦.				
f			r of supported orgar						• • • •		
g	Provic	the follo	wing information abo	ut the supported or	ganization(s).						
	(i) Name o	f supported of	ganization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see		
					above (see instructions))	docum		instructions)	instructions)		
						Yes	No				
(A)											
(B)											
(C)											
(D)											
(E)											

Schedu	Ile A (Form 990) 2021 TERREWODE V					47-230406	<u>v</u>
Part	II Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(′	1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked th	e box on line	5, 7, or 8 of	Part I or if the	e organizatior	n failed to qua	alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, pl	ease complet	te Part III.)	
Secti	on A. Public Support						
	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.")	129,505	172,107	90,786	127,618	746,182	1,266,198
2	Tax revenues levied for the	129,303	1/2,10/	30,780	127,010	/40,102	1,200,190
-	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
3							
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	129,505	172,107	90,786	127,618	746,182	1,266,198
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.						1,266,198
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	129,505	172,107	90,786	127,618	746,182	1,266,198
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						1,266,238
12	Gross receipts from related activities, etc.	(see instructio				12	1,200,230
13	First 5 years. If the Form 990 is for the or	•	,				<u>_)(2)</u>
15	-	•			•	•	, , ,
Saati	organization, check this box and stop her						· · · · ►
<u>3ecti</u> 14	on C. Computation of Public Suppor Public support percentage for 2021 (line 6			1 oolump (f))		14	100 00 %
			-			14	100.00 %
15	Public support percentage from 2020 Sch						99.99 %
16a	33 1/3% support test - 2021. If the organ						
	box and stop here. The organization qual						
b	33 1/3% support test - 2020. If the organ						
	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test - 202	-					
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa	cts-and-circum	stances test. 7	The organizatio	on qualifies as	a publicly supp	orted
	organization						
b	10%-facts-and-circumstances test - 202	20. If the organ	ization did not	check a box o	n line 13, 16a,	16b, or 17a, a	nd line
	15 is 10% or more, and if the organization	meets the fac	ts-and-circums	stances test, cl	neck this box a	nd stop here.	Explain
	in Part VI how the organization meets the					-	
	organization			•	•		
18	Private foundation. If the organization di						
-	instructions						_
							A (Form 990) 2021

Part III Support Schedule for Organization Boscribed in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I of If the organization failed to qualify under Part II. Ection A. Public Support Calendar year (or fiscal year beginning in)- reserved. (Do not mouse you used grain 1). (e) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Calendar year (or fiscal year beginning in)- reserved. (Do not mouse you used grain 1). (e) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 2 Gross recepts from divisions control in the organization benefit and extense perform antissocial section f13	Schedu	e A (Form 990) 2021 TERREWODE W					47-2304060) Page 3
If the organization fails to qualify under the tests listed below, please complete Part II.) Calendar year (or fiscal year beginning in) - (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 ofta, greak, constructions, and membersite ites 2 does an explore the antibility and presents in the antibility of the antibility and presents in the antibility of the antibility and presents in the antibility of the antis antibility of the antibility of the antibility of the	Part	III Support Schedule for Organiza	ations Desc	ribed in Sect	ion 509(a)(2)			
Section A. Public Support (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 offits, print, contributions, and mathewing levels memory. It is an antibution that was mutual structures. Truncations and mathewing levels memory. It is an antibution that was mutual structures. The mathewing levels memory. It is an antibution that was mutual structures. The mathewing levels memory. It is an antibution that was not realised to the organization's benefit and either paid to the organization's benefit and either paid to an antibution to the organization without charge		(Complete only if you checked th	e box on line	e 10 of Part I	or if the orgar	nization failed	to qualify unc	ler Part II.
Section A. Public Support (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 offits, print, contributions, and mathewing levels memory. It is an antibution that was mutual structures. Truncations and mathewing levels memory. It is an antibution that was mutual structures. The mathewing levels memory. It is an antibution that was mutual structures. The mathewing levels memory. It is an antibution that was not realised to the organization's benefit and either paid to the organization's benefit and either paid to an antibution to the organization without charge		If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part I	l.)	
Calendary year (or fiscal year beginning in)- and the origination of the one induce my 'unsatigness'). (a) 2017 (b) 2018 (c) 2020 (c) 2021 (f) Total 2 Gross members from drives my 'unsatigness'). Cross members from drives my 'unsatigness'). Cross members from drives my 'unsatigness'). Cross members from drives methods from originization's barendary buyose	Secti						•	
1 Cfts. parts. contrubutes my maintaines parts. 1			(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
every consistency of the sense of the s			. ,					
2 Cross receipts from admissions, micrandiae stad or services performed, or facilities humided in any activity that is related to the enginization's base-stemp process								
a ministed nary darkity that is related to the organization's tax-exempt purpose	2	· · · · · · · · · · · · · · · · · · ·						
a Gross receipt form activities that are not an unrelated trade or business under section 513								
3 Cross recepts from achitise that are not an unrelisted trade to buintses under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
<pre>unrelated trade or business under section 513 4 Tax ravenues levide for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furmished by a governmental unit to the organization's benefit and either paid to or expended on lines 1.2, and 3 received from disqualified persons . 5 Amounts included on lines 1.2, and 3 received from disqualified persons . 5 Amounts included on lines 2 and 3 received from disqualified persons . 5 Amounts included on lines 1.2, and 3 received from disqualified persons . 5 Amounts included on lines 1.2, and 3 received from disqualified persons . 5 Amounts included on lines 1.2, and 3 received from disqualified persons . 5 Amounts included on lines 1.2 received the geneties of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7 a and 7b 8 Public support. (Subtract line 7c from line 6) 5 Calendar year (or fiscal year beginning in)- 9 Amounts from line 6 10 Gross income from interest, dividends, royalties, and income from sites, tens, royalties, and income from sites, tens, royalties, and 10b 11 Ave lincome. Do not include gain or loss from the sale of capital assets 12 Chapt income. Do not include gain or loss from the sale of capital assets 13 Avel in Part VI) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 13 Total support recentage from 2020 Schedule A, Part III, line 17 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 15 Public support percentage from 2020 Schedule A, Part III, line 17 16 Gross income percentage from 2020 Chedule A, Part III, line 17 17 More than 33 1/3%, check this box and stop here. 18 Public support terest has a tota box hord stop here. 19 Avel the torm 990 is for the organization did not che</pre>	3							
4 Tax rayeruses leviced 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 though 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . b Amounts included on lines 2 and 3 received from disqualified persons . c Add lines 7 though 5 d Amounts included on lines 1, 2, and 3 received from disqualified persons the acceet the greater of \$5000 or 3% of the amount on line 13 for the year c Add lines 7 ban 7 bb	•	•						
organization's benefit and either paid to or expended on its behalf	А							
or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge	-							
5 The value of services or facilities furnished by a governmental unit to the organization without charge		-						
furnished by a governmental unit to the organization without charge image: construction without charge 6 Total. Add lines 1 through 5 image: construction without charge 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . image: construction without charge b Amounts included on lines 2 and 3 received from disqualified persons the exceed the greater of \$5.000 or 1% of the amount on line 13 for the year image: construction without charge c Add lines 7 and 7 0 image: construction without charge image: construction without charge Section B. Total Support Calendary year (or fiscal year beginning in) - governmental units conces image: construction without charge 10a Gross income from interest dividends, payments from lines 10 and 100 image: construction without charge image: construction without charge 11 Net income from similar sources acquired after June 30, 1975 image: construction without charge image: construction without charge 12 Other income. Do not include gain or lobs. from the sol conginal assets (Explain in Part VI). image: construction similar sources	5	-						
organization without charge	3							
6 Total. Add lines 1 through 5								
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .	6							
received from disqualified persons . b Amounts included on lines 2 and 3 received from dher 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.) 10a Gross income from interest, dividends, payments freelved 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 rented business acquired after June 30, 1975 c Add lines 10a and 10b 12 Add lines 10a and 10b 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First Spars. 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 17 Investment income percentage from 2020 Schedule A, Part III, line 15 14 Total support test - 2021 (line 10c, column (f), divided by line 13, column (f)) 15 Add line 5 - 2020 (line 10c, column (f), divided by line 13, column (f)) 16 Marking the organization of the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization. Check this box and stop here 17 Investment income percentage from 2020 Schedule A, Part III, line 15		e e e e e e e e e e e e e e e e e e e						
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 Image: Comparison of Comparison of Comparison of the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Image: Comparison of the comparison of t	7a							
received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount online 13 for the year								
persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	D							
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	20			-			-	

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No

Part IV Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes 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. 1 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). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a b Did the organization confirm that each supported organization gualified 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. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a 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. 4b Did the organization support any foreign supported organization that does not have an IRS determination С 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 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b 5b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С 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. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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 Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b С Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 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

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
ecti	on B. Type I Supporting Organizations			
			Yes	N
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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		
ecti	on C. Type II Supporting Organizations			
_			Yes	N
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		
ecti	on D. All Type III Supporting Organizations		N.	
			Yes	N
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 line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	on 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 (s	e inst	ructio	ons
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti-	uctions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	N
а	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 on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? 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 lines 3a and 3b below.			
3	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a				
-	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
-	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiz	47-230 zations	94060 Page
1	Check here if the organization satisfied the Integral Part Test as a qualifying			lain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izatio	ns must complete Sect	ions A through E.
Secti	on 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		
Secti	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly int	earated Type III suppo	rting organization

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) 2021

Schedul	e A (Form 990) 2021 TERREWODE WOMENS FUND	3) Supporting Organ		04060 Page 7
	on D - Distributions	b) oupporting organ		Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes	1	
2	Amounts paid to perform activity that directly furthers exer		ed	
	organizations, in excess of income from activity		2	2
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	3
4	Amounts paid to acquire exempt-use assets	··	4	1
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI) t	5
6	Other distributions (describe in Part VI). See instructions.	•	(3
7	Total annual distributions. Add lines 1 through 6.			7
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.		8	3
9	Distributable amount for 2021 from Section C, line 6		ç)
10	Line 8 amount divided by line 9 amount		1	0
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
_	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
	Excess from 2018			
 C	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			
EEA				Schedule A (Form 990) 202

	Frage Page Page Page Page Page Page Page P
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.)
	ines 2, 3, and 6. Also complete this part for any additional mormation. (See instructions.)
-	
-	

SCHEDULE F	Statement of Activities Outside the United State	OMB No. 1545-0047				
(Form 990)	90) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.					
Department of the Treasury Attach to Form 990.		Open to Public				
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection				
Name of the organization	Employer identification number					
TERREWODE WOMEN	47-2304060					
Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on						
Form 99	0, Part IV, line 14b.					
1 For grantmake	rs. Does the organization maintain records to substantiate the amount of its grants and					
other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to						
award the grants or assistance?						

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients 		(f) Total expenditures for and investments in the region	
(1)SUB-SAHARAN AFRICA			PROGRAM SERVICES	TREATMENT REINTEGRAT	353,500
_(2)					
_(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
<u>(</u> 10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					353,500
sheets to Part I					353,500

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

EEA

Schedule F (Form 990) 2021

TERREWODE WOMENS FUND

47-2304060

Page **2**

	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.							
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN						
(1)		AFRICA	OBSTETRIC FISTUL	353,500	WIRE TRANSFER			
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
<u>(11)</u>								
(12)								
(13)								
(14)								
(15)								
(16)								
exempt 501(c)(3) or	ganization by the II	RS, or for which the	at are recognized as char grantee or counsel has pro	ovided a section 501	(c)(3) equivalency letter.			

Page 3

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
1)							
2)							
)							
)							
)							
i)							
n							
3)							
9)							
D)							
1)							
2)							
3)							
4)							
5)							
5)							
7)							
3)							
A		· ·					Schedule F (Form 990

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III

Schedule	e F (Form 990) 2021 TERREWODE WOMENS FUND 47	-2304060		Page 4
Part	IV Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	🗌 Yes	X	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may			
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and			
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a			
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	🗌 Yes	х	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"			
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To			
	Certain Foreign Corporations (see Instructions for Form 5471)	🗌 Yes	х	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a			
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,			
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing			
	Fund (see Instructions for Form 8621)	🗌 Yes	х	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"			
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain			
	Foreign Partnerships (see Instructions for Form 8865)	🗌 Yes	х	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If			
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see			
	Instructions for Form 5713; don't file with Form 990)	🗌 Yes	х	No
EEA		Schedule F (F	orm 99	0) 2021

Part V	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method;
	amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and
	Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional
	information. See instructions.

SCHEDULE O
(Form 990)Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

47-2304060

Department of the Treasury Internal Revenue Service

Name of the organization

TERREWODE WOMENS FUND

01. Governing body meeting documentation (Part VI, line 8a)

MINUTES ARE KEPT OF ALL MEETINGS

02. Committee meeting documentation (Part VI, line 8b)

RECORDS ARE KEPT OF ALL MEETING

03. Form 990 governing body review (Part VI, line 11)

PROVIDED UPON REQUEST AT MEETINGS OR INDIVIDUALLY

04. Conflict of interest policy compliance (Part VI, line 12c)

REQUIRED FULL DISCLOSURE UPON REALIZATION OF CONFICT

05. CEO, executive director, top management comp (Part VI, line 15a)

SALARIES SET WITH DIRECTOR APPROVAL

06. Other officer or key employee compensation (Part VI, line 15b

SALARIES SET WITH CEO INPUT

07. Form 990 availability to public (Part VI, line 18)

UPON REQUEST

08. Governing documents, etc, available to public (Part VI, line 19)

AVAILABLE UPON REQUEST

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