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*** PUBLIC INSPECTION COPY ***

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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



Department of the Treasury Internal Revenue Service

AF	or th	e 2021 calendar year, or tax year beginning and	d ending		
B c	heck if	e: C Name of organization		D Employer identifie	cation number
	Addre Chang				
	Name Chang	Doing business as		47-26662	71
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	ſ
	Final returr	P.O. BOX 671222		(214) 32	6-0479
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	45222.
	Amer			H(a) Is this a group re	
	Appli tion	F Name and address of principal officer: CAROLYN TOBIN		for subordinates	? Yes X No
	pend	^{ng} P.O. BOX 671222, DALLAS, TX 72230		H(b) Are all subordinates in	Icluded? Yes No
		empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1)	or 🗌 527	If "No," attach a	list. See instructions
		te: ▶ HIGHTECHHIGHHEELS • ORG		H(c) Group exemption	
ΚF	orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2014 N	State of legal domicile: ${f T}{f X}$
Pa	rt I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: \underline{THE}	ORGAN	ZATION'S PR	IMARY
anc		EXEMPT PURPOSE IS TO CLOSE THE GENDER GA	AP IN S	SCIENCE, TEC	HNOLOGY,
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo	osed of mor		
0V6	3	Number of voting members of the governing body (Part VI, line 1a)			20
8 0	4	Number of independent voting members of the governing body (Part VI, line 1b)			0
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a) \ldots			0
iviti	6	Total number of volunteers (estimate if necessary)			0
Acti	7a	Total unrelated business revenue from Part VIII, column (C), line 12		0.	
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		12999.	40250.
enu	9	Program service revenue (Part VIII, line 2g)		7165.	4972.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		20164.	45222.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
y pe			80.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		21027.	22830.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		21027.	22830.
	19	Revenue less expenses. Subtract line 18 from line 12		-863.	22392.
s or			B	eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	L	44809.	68195.
et As	21	Total liabilities (Part X, line 26)		0.	994.
		Net assets or fund balances. Subtract line 21 from line 20		44809.	67201.
	rt II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedul			/ knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge.	

Sign Here	Signature of officer CAROLYN TOBIN, TREASURER Type or print name and title	Date								
	Print/Type preparer's name DALE R. DOWNING, CPA									
Preparer Use Only	Firm's name ► DOWNING & RINK, PLLC	Firm's EIN 47-5430309								
		Phone no. (972) 380-5700								
May the I	May the IRS discuss this return with the preparer shown above? See instructions X Yes No									
132001 12-0	I3200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

THE ORCANIZĂTION'S PRIMARY EXEMPT PURPOSE IS TO CLOSE THE GENDER GAP IN SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH (STEM). IT ACHEIVES THIS MISSION BY MAKING GRANTS TO NON-PROPIT ORGANIZATIONS THAT OFFER PROVEN PROGRAMS FOR EDUCATORS AND STUDENTS THAT INCREASE THE NUMBER O 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 90 or 900-E27 Image: Comparison of the organization cases conducting, or make significant changes in how it conducts, any program services? Image: Comparison of the organization cases on Schedule 0. 10 Describe these changes on Schedule 0. Section 501(6)(30 and 501(4)(4) organizations are equiled to report the amount of grants and allocations to others, the total expresses, and revenue, if any, for each program service accompletion the another of grants and allocations to others, the total expresses, and revenue, if any, for each program service accompletion to any the amount of grants and allocations to others, the total expresses, and revenue, if any, for each program service accompletion to accompletion to grant service in 19640 - incide appress?		990 (2021) HIGH-TECH HIGH HEELS	47-2666271	Page
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te Total program service expenses ► 19640. Form 990 (SEE SCHEDULE O FOR CONTINUATION(S) 3	4d			
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SEE SCHEDULE O FOR CONTINUATION(S)	4e	Total program service expenses ► L9640.		000
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Form 990 (2021)

Part IV Checklist of Required Schedules

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
•	If "Yes," complete Schedule A	1 2	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete nedule D, Part III			x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization Per Ves, " complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00-	complete Schedule G, Part III	19		XX
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		<u> </u>
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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 Form 990 (2021)
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 Part IV
 Checklist of Required Schedules (continued)
 HIGH-TECH HIGH HEELS

00	Did the extension report more than 0 5.000 of events or other applications to be far demostic individuals on		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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
_	Schedule K. If "No," go to line 25a	24a		X
	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	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.10		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disgualified 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 of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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	07		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the 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			
u	"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		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II	32		_ A
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? <i>If "Yes," complete Schedule R, Part I</i>	33		x
34	Sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule H, Part I	- 33		
04	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	200	x	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	л	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Statements	s Regarding Other	IRS Fili	ngs and	Tax Compliance (continued)

Form 990 (2021)

Part V

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0			
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b		
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	s				7
				3a		2
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					Ι,
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a		2
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 A					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		Γ
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					ſ
	to file Form 8282?	•		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		┢
	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		┢
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			79 7h		┢
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			/		┢
0				8		
0				0		
9	Sponsoring organizations maintaining donor advised funds.			0-		
				9a		\vdash
-	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
0	Section 501(c)(7) organizations. Enter:	ا مد ا				
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter:	I I				
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form)	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun					
	excess parachute payment(s) during the year?			15		
	If "Yes," see the instructions and file Form 4720, Schedule N.					
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt incor	ne?	16		
	If "Yes," complete Form 4720, Schedule O.			10		Ľ
7		2014				
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 49532			47		ĺ
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		\vdash
	If "Yes," complete Form 6069.			Г-···	000	
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Sec	Check if Schedule O contains a response or note to any line in this Part VI								
Jec	tion A. doverning body and Management			Yes	r				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 2	0	103	Ľ				
	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.								
h	Enter the number of voting members included on line 1a, above, who are independent	1b	0						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		-						
2			2		Ľ				
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the				┢				
3		-	3						
4	of officers, directors, trustees, or key employees to a management company or other person?				\vdash				
4	Did the organization make any significant changes to its governing documents since the prior Form								
5	Did the organization become aware during the year of a significant diversion of the organization's as				┢				
6	•								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a		_						
	more members of the governing body?		<u>7a</u>						
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		L				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
а	The governing body?		8a	X					
b	Each committee with authority to act on behalf of the governing body?		8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		. 9						
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)			_				
				Yes					
0a	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 o	chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	X					
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing box	dy before filing the form?	11a	X					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12b	X					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "								
	on Schedule O how this was done		12c	X					
13	Did the organization have a written whistleblower policy?			Х	T				
4	Did the organization have a written document retention and destruction policy?			Х	t				
5	Did the process for determining compensation of the following persons include a review and approv				t				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official		15a						
	Other officers or key employees of the organization								
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		150						
60		mont with a							
oa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange		10-						
	taxable entity during the year?		16a		+				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anization's							
	exempt status with respect to such arrangements?		16b		L				
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE								
17			(0)	A	- 1				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-1 (section 501(c)	(3)s only) avai	a				
	for public inspection. Indicate how you made these available. Check all that apply.								
		n on Schedule O)							
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest policy,	and fina	ncial					
	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 be	ooks and records 🕨							
	ALLISON HALLAS - (214) 326-0479								
	P.O. BOX 671222, DALLAS, TX 75367-1222								
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the 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.

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 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 the 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.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position not check more than one		one	Reportable	Reportable	Estimated		
	hours per	box	box, unless person is b officer and a director/tr			is bot	h an	compensation	compensation	amount of
	week					from	from related	other		
	(list any hours for	or director				-		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	l trust	nal tru		oyee	ompe		1099-NEC)		and related
	below	Individual trustee	Institutional trustee	cer	empl	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	Hig em I	For			
(1) MELENDY LOVETT	3.00	37							0	0
DIRECTOR		Х						0.	0.	0.
(2) ROBIN BRAY	0.50	37							0	0
DIRECTOR	3.00	Х						0.	0.	0.
(3) CAROLYN TOBIN	1.50			v				0.	0.	0
TREASURER	2.00			Х				0.	0.	0.
(4) LYNN MORTENSEN	2.00	x						0.	0.	0.
DIRECTOR	0.40	^						0.	0.	0.
(5) ELLEN BARKER	0.40	x						0.	0.	0.
DIRECTOR	1.50	^						0.	0.	0.
(6) ROSEMARY AQUILAR DIRECTOR	1.30	x						0.	0.	0.
(7) MARIA OLSON	0.00	~						0.	0.	0.
DIRECTOR	2.30	x						0.	0.	0.
(8) ELISA ALVARADO	0.40								•	0.
DIRECTOR	0.10	x						0.	0.	0.
(9) VALERIE DAVIS	0.50									
DIRECTOR		x						0.	0.	0.
(10) VIRGINIA RUPP	0.00									
DIRECTOR		х						0.	0.	0.
(11) PRATHIBHA TAMMANA	1.00									
SECRETARY				х				0.	0.	0.
(12) LAURA STEFFEK	5.00									
PRESIDENT				Х				0.	0.	0.
(13) REKHA KUMAR	0.00									
DIRECTOR		Х						0.	0.	0.
(14) LISA BRADY GILL	0.50									
DIRECTOR		Х						0.	0.	0.
(15) SYNDY LYNCH	2.00									
DIRECTOR		Х						0.	0.	0.
(16) DAWN OWENS	0.00									
DIRECTOR		Х						0.	0.	0.
(17) AMBER SCHEURER	1.00							_	_	-
DIRECTOR	0.65	Х						0.	0.	0.
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Form 990 (2021) HIGH-TECH	H HIGH H	IEI	ELS	5					47-266	5271	. F	9 age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)	-		
(A) Name and title	(B) Average hours per week	age (do not ch per box, unles			(C) Position ot check more than one inless person is both an r and a director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimat mount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	f org ar	npens rom th ganiza nd rela anizat	ne tion ted
(18) SUCHI SRINIVASAN	0.00	v						0	0			0
DIRECTOR (19) NICKORIA JOHNSON	0.50	X						0.	0	•		0.
DIRECTOR	0.50	x						0.	0			Ο.
(20) STACY SCOTT	2.50											
DIRECTOR		x						0.	0	•		0.
								0	0			
1b Subtotal c Total from continuation sheets to Part VI								0.	0			0.
d Total (add lines 1b and 1c)								0.	0			0.
2 Total number of individuals (including but n compensation from the organization							no r	eceived more than \$100	,000 of reportable	•		0
											Yes	No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for sa</i>	,	,	,	•	,	,		phest compensated emp	5	3		x
4 For any individual listed on line 1a, is the su and related organizations greater than \$150										4		x
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	-				-			-		5		x
Section B. Independent Contractors									<u> </u>			
Complete this table for your five highest co the organization. Report compensation for								n the organization's tax				
(A) Name and business	address	NC	ONI	3				(B) Description of s	ervices	Compe	C) ensatio	on
2 Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	iot lii	mite	d to		se li:)	stec	d above) who received m	nore than			

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Form **990** (2021)

Form	1 99	0 (2	2021) HIG	GH-	TECH H	IIG	H HEELS			47-2666	271 Page 9
Ра				even	ue						
			Check if Schedule O	conta	ains a respo	onse	or note to any lin				
								(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		1b						
Am (с	Fundraising events		1c						
Gif			Related organizations								
Sin',			Government grants (cont								
utio Ier (f	All other contributions, gifts,				40250				
Oth			similar amounts not included				40250.				
		-	Noncash contributions included in				•	40250.			
0.0		n	Total. Add lines 1a-1f	<u></u>			Business Code	40230.			
Ð	2	а	CHAPTER MANAG	EM	ENT FF	ΕE	561000	4972.	4972.		
Program Service Revenue	2	b									
Sei		č									
eve		d									
ogr		е									
۲.		f	All other program service	reve	nue						
		g	Total. Add lines 2a-2f					4972.			
	3		Investment income (inclu	•							
			other similar amounts) $_{\ldots}$								
	4 Income from investment of tax-exempt bo					-					
	5 Royalties			(ii) Personal							
	6	~	Gross rents	6a			(ii) Personai				
	0		Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss	<u> </u>							
	7		Gross amount from sales of		(i) Securit		(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
nue			and sales expenses	7b							
evenue			Gain or (loss)	7c							
r R			Net gain or (loss)			· · · · · ·	🕨				
Other R	8	а	Gross income from fundraisi		-						
0			including \$								
			contributions reported on Part IV, line 18		,	8a					
		h	Less: direct expenses			8b					
			Net income or (loss) from			-	►				
	9		Gross income from gamir		-						
			Part IV, line 19	-		9a					
			Less: direct expenses			9b					
		С	Net income or (loss) from	gam	ing activitie	s <u></u>	►				
	10	а	Gross sales of inventory,								
		ŗ	and allowances								
			Less: cost of goods sold			10b					
		С	Net income or (loss) from	sales	s of invento	ry	Business Code				
snc	11	~					Business Code				
Jue	''	a b									
ella evei		c									
Miscellaneous Revenue			All other revenue								
2			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					45222.	4972.	0.	0.
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Part IX Statement of Fu ection 501(c)(3) and 501(c)(4) or			ar aroonizationa must	malata aaluma (A)	
					X
Do not include amounts reported 7b, 8b, 9b, and 10b of Part VIII.	d on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to	domestic organizations		·		·
and domestic governments. Se	ee Part IV, line 21				
2 Grants and other assistance	e to domestic				
individuals. See Part IV, line	22				
3 Grants and other assistance					
organizations, foreign gove	rnments, and foreign				
individuals. See Part IV, line	es 15 and 16				
4 Benefits paid to or for mem	ibers				
5 Compensation of current o	fficers, directors,				
trustees, and key employee	es				
6 Compensation not included ab					
persons (as defined under sec	tion 4958(f)(1)) and				
persons described in section 4	958(c)(3)(B)				
7 Other salaries and wages					
8 Pension plan accruals and con	tributions (include				
section 401(k) and 403(b) emp	oloyer contributions)				
9 Other employee benefits					
0 Payroll taxes					
1 Fees for services (nonempl					
a Management					
b Legal		11033.	11033.		
c Accounting		750.		750.	
d Lobbying					
e Professional fundraising service					
f Investment management fe					
g Other. (If line 11g amount exc					
column (A), amount, list line 1	1g expenses on Sch O.)	8414.	8414.		
2 Advertising and promotion		12.			1
3 Office expenses		319.		319.	
4 Information technology					
5 Royalties					

293.

1249.

503.

177.

22830.

80.

193.

19640.

100.

1249.

12.

80.

2510

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Check here

16

17

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а

b

С d

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25

26

Interest

Insurance

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Occupancy

Travel

Payments of travel or entertainment expenses for any federal, state, or local public officials ...

Conferences, conventions, and meetings

Depreciation, depletion, and amortization

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 0.)

Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

_____ if following SOP 98-2 (ASC 958-720)

Other expenses. Itemize expenses not covered

FUNDRAISING EXPENSES

MERCHANT FEES

FILING FEES

All other expenses

..... Payments to affiliates _____

.....

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503.

165.

680.

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33

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32

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67201.

68195.

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44809.

44809.

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Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

HIGH-TECH HIGH HEELS

Pa	rt X	Balance Sheet			0
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	44809.	1	68195.
	2	Savings and temporary cash investments		2	
	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 disgualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	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)	44809.	16	68195.
	17	Accounts payable and accrued expenses		17	
	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	
es	22	Loans and other payables to any current or former officer, director,			
liti		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	0.	25	994.
	26	Total liabilities. Add lines 17 through 25	0.	26	994.
s		Organizations that follow FASB ASC 958, check here 🕨 🔀			
JCe		and complete lines 27, 28, 32, and 33.	11000		68001
sets or Fund Balances	27	Net assets without donor restrictions	44809.	27	67201.
б	28	Net assets with donor restrictions		28	
ñ		Organizations that do not follow FASB ASC 958, check here 🕨			
Ω		and complete lines 29 through 33.			
ets (29	Capital stock or trust principal, or current funds		29	
ŝŝ	30	Paid-in or capital surplus, or land, building, or equipment fund		30	

Net Assets or Fund Balances

Form	1 990 (2021) HIGH-TECH HIGH HEELS	47-266	6271	Page 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		5222.
2	Total expenses (must equal Part IX, column (A), line 25)	2		2830.
3	Revenue less expenses. Subtract line 2 from line 1	3		2392.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	4809.
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	6	57201.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u> </u>
1	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul			Yes No
22	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	x
za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		. <u>za</u>	
	separate basis, consolidated basis, or both:	JOITA		
	Separate basis, consolidated basis, or both.			
h	Were the organization's financial statements audited by an independent accountant?		2b	x
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat		. 20	
	consolidated basis, or both:	.e Dasis,		
	Separate basis Consolidated basis Both consolidated and separate basis			
~	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	o audit		
U	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 Scl		. 20	
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si			
Jd	As a result of a rederar award, was the organization required to undergo an addit of addits as set forth in the Si Act and OMB Circular A-133?		3a	x
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	. <u>Ja</u>	
U U	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
	or addits, explain why on obligation of and describe any steps taken to undergo such addits	<u></u>		

Form **990** (2021)

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Department of the Treasury

Internal Revenue Service

(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. Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047
1	2021
	Open to Public Inspection
Employer	identification number

Name of the organization

			UT OIL		UEEL C					7 9666971	
Da	rt I		Reason for Public (-TECH HIGH		omplata ti	aia nart) C	aa inatrustiar		7-2666271	
						-			15.		
	orga		zation is not a private found								
1			A church, convention of ch				on 170(b)(*	I)(A)(I).			
2			A school described in sect		•			-			
3			A hospital or a cooperative					-			
4			A medical research organiz	ation operated in cor	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		_	city, and state:								
5			An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental (unit descrik	bed in	
		_	section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		_	A federal, state, or local gov	vernment or governm	nental unit described in a	section 17	70(b)(1)(A)	(v).			
7	X		An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in	
		_	section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8			A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)					
9			An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
			or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state o	f the colleg	le or	
			university:								
10			An organization that norma	Ily receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, members	hip fees, a	nd gross receipts fro	m
			activities related to its exen	• • • •					-	•	
			income and unrelated busir		• •	. ,				•	
			See section 509(a)(2). (Cor		(······, ·····	J		
11			An organization organized a	-	ivelv to test for public sa	fetv. See	section 50)9(a)(4).			
12			An organization organized a	-	•	•			arrv out the	e purposes of one or	
			more publicly supported or	-	-	-			•		
			lines 12a through 12d that	-							
а	Γ		Type I. A supporting orga				-		-	/ aivina	
			the supported organization	-	-	•					
			organization. You must c		• • • •	a majority .				apporting	
b	Г		Type II. A supporting org			tion with it	s sunnort	ed organizatio	on(s) by ba	wina	
~			control or management o	-				-		-	
			organization(s). You mus						ige the sup	ponted	
с	Г		Type III functionally inte	-		in connec	tion with	and functiona	llv integrat	ed with	
C			its supported organization						iny integration	ed with,	
d	Г		Type III non-functionally						rtod organi	ization(c)	
u			that is not functionally int						-		
			•			•		-	u an alleni	IVENESS	
_	Г		requirement (see instruct	-	-						
е			Check this box if the orga					а туре ї, туре	п, туре п		
	Γ.		functionally integrated, or	• •	nally integrated support	ing organi.	zation.				
f			r the number of supported o	•							
g	PI		ide the following informatior Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga		(v) Amount of	fmonetary	(vi) Amount of other	
		(-)	organization	((described on lines 1-10	in your governi Yes	ng document? No	support (see ir	,	support (see instructio	
			-		above (see instructions))	103					
Tota	al						1				

Schedule A (Form 990) 2021

HIGH-TECH HIGH HEELS

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	endar 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.")	199590.	279617.	4071.	12999.	40250.	536527.
2	Tax revenues levied for the organ-						
	ization'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	199590.	279617.	4071.	12999.	40250.	536527.
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.						536527.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	199590.	279617.	4071.	12999.	40250.	536527.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)			6731.	7165.	4972.	18868.
11	Total support. Add lines 7 through 10					_	555395.
12		etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for th	,	,				
	organization, check this box and stop	-					
Sec	ction C. Computation of Publ		rcentage				······ •
	Public support percentage for 2021 (I			column (f))		14	96.60 %
	Public support percentage from 2020					15	98.18 %
	33 1/3% support test - 2021. If the c					nore, check this bo	x and
	stop here. The organization qualifies						X
b	33 1/3% support test - 2020. If the c						is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						or more.
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-		
b	10% -facts-and-circumstances tes	-		• • • •			10% or
~	more, and if the organization meets th						
	organization meets the facts-and-circl						
18	Private foundation. If the organizatio						s
				,,, e., e. II k	,		Form 990) 2021

Schedule A (Form 990) 2021

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

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

Section A. Public Support					_	
Calendar year (or fiscal year beginning in) 🕨	(a) 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.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support				_	_	
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third	, fourth, or fifth tax	year as a section	501(c)(3) orgai	nization,
	-			·		
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2021 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	stment Incom	e Percentage)			
17 Investment income percentage for 20	21 (line 10c, colur	nn (f), divided by	line 13, column (f)))	17	%
18 Investment income percentage from 2	2020 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2021. If the	organization did r				33 1/3%, and	line 17 is not
more than 33 1/3%, check this box a	nd stop here. The	organization qual	lifies as a publicly	supported organiz	ation	
b 33 1/3% support tests - 2020. If the						3%, and
line 18 is not more than 33 1/3% , che	ck this box and st	op here. The orga	anization qualifies	as a publicly supp	orted organiza	tion ►
20 Private foundation. If the organizatio	n did not check a	box on line 14, 19	9a, or 19b, check	this box and see in	structions	>
132023 01-04-22					Sched	ule A (Form 990) 2021
			16			

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HIGH-TECH HIGH HEELS

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes 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

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

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			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
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.
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. Section C. Type II Supporting Organizations

Section	C. Type	; ii Supporti	ng Organi	zations	

 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
 1
 1

 Section D. All Type III Supporting Organizations
 1
 1
 1

	31 11 6 6			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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		

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 yea(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 governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b 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 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If* "Yes" or "*No*" 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.*

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Yes No

Schedule A						
Part V	Type III	Non	-Functionally Integrate	ed 509(a)(3) Supporting	g Organizations

Sectio	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sectio	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1.	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1 a		
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		
Sectio	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		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2021

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Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exe	1					
2	Amounts paid to perform activity that directly furthers exem						
	organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns 3				
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)	5				
6	Other distributions (describe in Part VI). See instructions.	,	6				
7	Total annual distributions. Add lines 1 through 6.		7				
8	Distributions to attentive supported organizations to which t	he organization is responsive	e				
	(provide details in Part VI). See instructions.	C I	8				
9	Distributable amount for 2021 from Section C, line 6		9				
10	Line 8 amount divided by line 9 amount		10				
		(i)	(ii)	(iii)			
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021			
_1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2021						
а	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						
-	Applied to 2021 distributable amount						
	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, <i>explain in</i> Part VI. See instructions.						
6	Remaining underdistributions for 2021. Subtract lines 3h						
Ŭ	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:						
-	Excess from 2017						
-	Excess from 2017						
-							
	Excess from 2019						
	Excess from 2020						
е	Excess from 2021						

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021 HIGH-T	ECH HIGH HEELS	47-2666271 Page 8
Part VI Supplemental Information. Pro Part IV, Section A, lines 1, 2, 3b, 3c, 4b line 1; Part IV, Section D, lines 2 and 3;	vide the explanations required by Part II, line 10; Part II, line 17a , 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Par Section E, lines 2, 5, and 6. Also complete this part for any addi	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,
SCHEDULE A, PART II, SECTI	ON B, LINE 10, COLUMN E	
OTHER INCOME REPRESENTS A	FEE COLLECTED FROM THE SUBORDINA	TE
ORGANIZATIONS TO FUND THE	ADMINISTRATIVE ACTIVITIES PROVID	ED BY THE
CENTRAL ORGANIZATION.		
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Employer identification number

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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

HIGH-TECH HIGH HEELS

Name of organization

47-2666271

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 22425. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll 5113. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 10000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021) 23

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Employer identification number

Schedule	В	(Form	990)	(2021)
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Name of organization

Page 3 Employer identification number

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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
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Name of or	rganization			Employer identification number
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Part III) through (e) and the following line en charitable, etc., contributions of \$1,000 or	try For organizations	that total more than \$1,000 for the yea
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gif		
	Transferee's name, address, a			insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
ŀ		(e) Transfer of gif	 t	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gif	 t	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee
(a) No. from				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	Transferee's name, address, a	(e) Transfer of gif nd ZIP + 4		Insferor to transferee
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Department of the Treasury

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.



Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization

Employer identification number

	HIGH-TECH HIGH HEELS	5		47-2666271
Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accou	Ints.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6			
		(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writ	I ing that the assets held in donor advis	ad funds	
5	are the organization's property, subject to the organization's exc	-		Yes No
6	Did the organization inform all grantees, donors, and donor advi			
6				
	for charitable purposes and not for the benefit of the donor or d		•	
Par		ization anguerad "Vea" on Form 000 F		Yes No
			art IV, line 7	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreation			important land area
	Protection of natural habitat	Preservation of	a certified his	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	of a conservation	
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements		2a	
b				
С	Number of conservation easements on a certified historic struct	ure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after	r 7/25/06, and not on a historic structu	ire	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, release		organizatior	n during the tax
	year 🕨			
4	Number of states where property subject to conservation easen	nent is located 🕨		
5	Does the organization have a written policy regarding the period	ic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it ho	olds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha			
		-		
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conservat	tion easemer	nts during the year
	▶ \$			0
8	Does each conservation easement reported on line 2(d) above s	atisfy the requirements of section 170	h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
-	balance sheet, and include, if applicable, the text of the footnote			
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of A	rt. Historical Treasures. or O	ther Simil	ar Assets.
	Complete if the organization answered "Yes" on Form 99			
1a	If the organization elected, as permitted under FASB ASC 958, i		nd halance s	sheet works
14	of art, historical treasures, or other similar assets held for public			
	service, provide in Part XIII the text of the footnote to its financia			public
h				t worke of
a	If the organization elected, as permitted under FASB ASC 958, the bidder shall for multilar			
	art, historical treasures, or other similar assets held for public ex	nibition, education, or research in furth	erance of pu	idlic service,
	provide the following amounts relating to these items:		⊾	•
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$
_				
2	If the organization received or held works of art, historical treasu		gain, provid	e
	the following amounts required to be reported under FASB ASC			
	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X		🕨	\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for	or Form 990.		Schedule D (Form 990) 2021

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Par	t III Organizations Maintaining C	ollections of A	rt, His	torical T	reasures,	or Other	Simil	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	ds, chec	ck any of the	following the	at make sigi	nificant	use of its			
	collection items (check all that apply):		_								
а	Public exhibition	d	<u>ا ا</u>	Loan or exc	change progr	am					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explai	n how t	hey further	the organizat	ion's exemp	ot purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of								-		-
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered	"Yes" on Fo	orm 990), Part IV,	line 9, oi		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi		•						٦.,		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	ollowing	table:					Amoun	+	
									Amoun	L	
	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
t 20	Ending balance						1f		Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par											
		(a) Current year		Prior year	(c) Two yea			ears back	(e) Fou	vears	back
1a	Beginning of year balance	())	,	,			, ,	5000.	. ,	<u> </u>	
	Contributions									5	5000.
	Net investment earnings, gains, and losses										
	Grants or scholarships							5000.			
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance									5	5000.
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	1g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are held a	and administe	ered for the	organiz	zation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on S	Schedule R?	?				3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered			1		0, Part X, lir	ie 10.				
	Description of property	(a) Cost or o			t or other	(c) Acci		ed	(d) Boo	k valu	е
		basis (investr	ment)	basis	(other)	depre	eciation				
	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colui	mn (B), line	10c.)						0.
								Schedule	D (Forn	n 990)	2021

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
) Financial derivatives			
) Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes'			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part IX Other Assets.	l on Form 000, Port IV, line	11d See Form 000 Part X line 15	
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes' (a)		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes' (a)		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes' (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes' (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Yart IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Yart IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Yart IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Yart IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lir	Description	11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes' (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes'	Description		≥ 25.
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► 'art IX Other Assets. Complete if the organization answered "Yes' (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 'art X Other Liabilities. Complete if the organization answered "Yes' (a) Description of liability	Description		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description		≥ 25.
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUE TO CHAPTERS	Description		≥ 25.
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUE TO CHAPTERS (3)	Description		≥ 25.
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUE TO CHAPTERS	Description		≥ 25.
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes' (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes' (a) Description of liability (1) Federal income taxes (2) DUE TO CHAPTERS (3)	Description		≥ 25.
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUE TO CHAPTERS (3) (4)	Description		≥ 25.
Art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUE TO CHAPTERS (3) (4) (5)	Description		≥ 25.
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUE TO CHAPTERS (3) (4) (5) (6)	Description		≥ 25.

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 HIGH-TECH HIGH HEELS		47-2666271 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Rev	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Exp	penses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	_ 2 b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	. 2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE DONOR REQUESTED THAT THESE FUNDS BE USED TO SUPPORT A SUMMER PHYSICS

CAMP FOR HIGH SCHOOL GIRLS.

132054 10-28-21

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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.

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

47-2666271

HIGH-TECH HIGH HEELS

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENGINEERING, AND MATH (STEM). IT ACHEIVES THIS MISSION BY MAKING

GRANTS TO NON-PROFIT ORGANIZATIONS THAT OFFER PROVEN PROGRAMS FOR

EDUCATORS AND STUDENTS THAT INCREASE THE NUMBER OF GIRLS GRADUATING

FROM HIGH SCHOOL AND ENTERING A COLLEGE-LEVEL DEGREE PROGRAM IN STEM.

THE ORGANIZATION SUPPORTS A VARIETY OF PROGRAMS RANGING FROM EQUITY

TRAINING AND STEM CAREER WORKSHOPS FOR EDUCATORS TO PHYSICS CAMPS FOR

HIGH SCHOOL GIRLS. IT CONNECTS VOLUNTEER SPEAKERS FROM STEM FOCUSED

COMPANIES AND ORGANIZATIONS WITH OPPORTUNITIES TO ENGAGE WITH AND

INSPIRE STUDENTS AT TEXAS SCHOOLS AND EVENTS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: GIRLS GRADUATING FROM HIGH SCHOOL AND ENTERING A COLLEGE-LEVEL DEGREE PROGRAM IN STEM. IN 2019, THE ORGANIZATION RECEIVED A GROUP EXEMPTION LETTER PURSUANT TO REV. PROC. 80-27 AND ESTABLISHED SUBORDINATE ORGANIZATIONS IN TEXAS AND IN CALIFORNIA. IN 2021 THE ORGANIZATION ESTABLISHED A NEW SUBORDINATE ORGANIZATION IN HOUSTON TEXAS AND ONE IN ENGLEWOOD COLORADO. THIS ORGANIZATION WILL SERVE AS THE CENTRAL ORGANIZATION AND WILL HAVE GENERAL OVERSIGHT OF THE ADMINISTRATION AND PROGRAMS OF THE SUBORDINATE ORGANIZATIONS. IT'S INTENTION IS TO ESTABLISH ADDITIONAL SUBORDINATE ORGANIZATIONS IN OTHER GEOGRAPHIC AREAS IN THE FUTURE.

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

CONTROL OF THE DESIGNATED FUND WAS TRANSFERRED TO THE TEXAS CHAPTER.

ADDITIONALLY, DURING THE PREVIOUS YEAR, THE ORGANIZATION TRANSFERRED

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 11-11-21
 30

Name of the organization HIGH-TECH HIGH HEELS	Employer identification number 47-2666271
\$287,269 OF ITS OWN FUNDS TO THE TEXAS CHAPTER TO BE USED	
GRANT-MAKING. IN 2019, THE ORGANIZATION RECEIVED A GROUP	
LETTER PURSUANT TO REV. PROC. 80-27 AND ESTABLISHED SUBOR	DINATE
ORGANIZATIONS IN TEXAS AND IN CALIFORNIA. THIS ORGANIZAT	ION WILL SERVE
AS THE CENTRAL ORGANIZATION AND WILL HAVE GENERAL OVERSIG	HT OF THE
ADMINISTRATION AND PROGRAMS OF THE SUBORDINATE ORGANIZATI	ONS. IT'S
INTENTION IS TO ESTABLISH ADDITIONAL SUBORDINATE ORGANIZA	TIONS IN OTHER
GEOGRAPHIC AREAS IN THE FUTURE.	
FORM 990, PART VI, SECTION B, LINE 11B:	
A DRAFT OF FORM 990 IS PROVIDED TO EACH BOARD MEMBER FOR	REVIEW PRIOR TO
ITS FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLIC	Y AND ALL
OFFICERS, DIRECTORS, AND KEY VOLUNTEERS ARE REQUIRED TO A	NNUALLY DISCLOSE
ANY INTERESTS THAT COULD GIVE RISE TO A CONFLICT. THE GO	VERNANCE COMMITTEE
OVERSEES AND REVIEWS THIS PROCESS.	
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION MAKES ITS FORM 1023 AND FORMS 990 AVAILA	BLE FOR PUBLIC

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST VIA

E-MAIL.

132212 11-11-21

Name of the organization HIGH-TECH HIGH HEELS	Employer identification num 47-2666271
FORM 990, PART IX, LINE 11G, OTHER FEES:	
MEMBERSHIPS & SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	182
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	182
INFORMATION TECHNOLOGY:	
PROGRAM SERVICE EXPENSES	658
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	658
132212 11-11-21	Schedule O (Form 990) 2