

Return of Organization Exempt From Income Tax

CMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2021 calendar year, or tax year beginning and ending

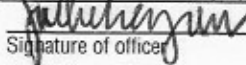
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Undies For Everyone		D Employer identification number 46-0640114
	Doing business as		E Telephone number 713-338-9676
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 1,667,407.
	City or town, state or province, country, and ZIP or foreign postal code Houston, TX 77054		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: http://www.undiesforeveryone.org/			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 2012
M State of legal domicile: TX			

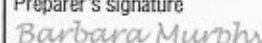
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	13	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	13	
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	7	
	6	Total number of volunteers (estimate if necessary)	1294	
	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	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	553,761.	1,659,196.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	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)	123,435.	3,780.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	677,196.	1,662,976.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	293,409.	323,044.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	20,574.
b		Total fundraising expenses (Part IX, column (D), line 25)	145,903.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	395,310.	220,899.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	688,719.	1,607,681.	
	19 Revenue less expenses. Subtract line 18 from line 12	-11,523.	55,295.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	272,293.	396,533.
	21	Total liabilities (Part X, line 26)	59,607.	134,235.
	22	Net assets or fund balances. Subtract line 21 from line 20	212,686.	262,298.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 6/2/23
	Type or print name and title Julie Hayon, Finance & Operations Director	

Paid Preparer Use Only	Print/Type preparer's name Barbara Murphy	Preparer's signature 	Date 09/30/22	Check if self-employed <input type="checkbox"/>	PTIN P01386215
	Firm's name Blazek & Vetterling			Firm's EIN 76-0269860	
	Firm's address 2900 Wesleyan, Suite 200 Houston, TX 77027			Phone no. 713-439-5739	

May the IRS discuss this return with the preparer shown above? See instructions Yes No