

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

A For the 2023 calendar year, or tax year beginning 07-01-2023, and ending 06-30-2024

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
WOMEN IN DISTRESS OF BROWARD COUNTY INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 50187

City or town, state or province, country, and ZIP or foreign postal code
LIGHTHOUSE POINT, FL 33074

D Employer identification number
59-159252

E Telephone number
(954) 760-

G Gross receipts

F Name and address of principal officer:
LINDA L PARKER PHD
PO BOX 50187
LIGHTHOUSE POINT, FL 33074

- H(a)** Is this a group return for subordinates?
H(b) Are all subordinates included?
If "No," attach a list.
H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.WOMENINDISTRESS.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1974 **M**

Part I **Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO STOP DOMESTIC VIOLENCE ABUSE FOR EVERYONE (SAFE) THROUGH INTERVENTION, EDUCATION AND ADVOCACY	
	2 Check this box <input type="checkbox"/>	
	3 Number of voting members of the governing body (Part VI, line 1a)	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	
	6 Total number of volunteers (estimate if necessary)	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	
Revenue	8 Contributions and grants (Part VIII, line 1h)	8,439,118
	9 Program service revenue (Part VIII, line 2g)	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,202
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	439,219
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,876,135
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	560,394
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	

Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,188,959
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>696,872</u>	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,722,813
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,472,166
19 Revenue less expenses. Subtract line 18 from line 12	-596,031	
Net Assets or Fund Balances		Beginning of Current Year
	20 Total assets (Part X, line 16)	13,838,558
	21 Total liabilities (Part X, line 26)	2,932,965
	22 Net assets or fund balances. Subtract line 21 from line 20	10,905,593

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 furnished to me. I am not a member of the preparer's firm.

Sign Here	Signature of officer LINDA L PARKER PHD PRESIDENT AND CEO	Date 2025-03-13
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 2025-03-13	Check <input type="checkbox"/> if self-employed	PTIN P019
	Firm's name CITRIN COOPERMAN ADVISORS LLC	Firm's EIN 87-25253			
	Firm's address 6550 N FEDERAL HIGHWAY 4TH FLOOR FT LAUDERDALE, FL 33308	Phone no. (954) 771-			

May the IRS discuss this return with the preparer shown above? See Instructions.

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y

Form 990 (2023)

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

TO STOP DOMESTIC VIOLENCE ABUSE FOR EVERYONE THROUGH INTERVENTION, EDUCATION AND ADVOCACY. THE ORGANIZATION PROVIDES A WIDE RANGE OF SERVICES INCLUDING EMERGENCY SHELTER, A 24-HOUR HOTLINE, CASE MANAGEMENT, COUNSELING, CHILD ASSESSMENT, SUPPORT GROUPS, AND ADVOCACY. THE ORGANIZATION ALSO PROVIDES LAW ENFORCEMENT TRAINING, PROFESSIONAL TRAINING AND COMMUNITY OUTREACH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by total expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,322,882 including grants of \$ 242,254) (Revenue \$)

OUTREACH SERVICES - THE PRIMARY PURPOSE OF THE PROGRAM IS TO PROVIDE VICTIMS OF DOMESTIC VIOLENCE AND THEIR DEPENDENTS COUNSELING ON THE DYNAMICS OF DOMESTIC VIOLENCE, CRISIS COUNSELING, AND ENGAGING IN OTHER SUPPORTIVE ACTIVITIES. VIOLENCE VICTIMS ARE ALSO PROVIDED CASE MANAGEMENT, REFERRALS, DOCUMENTATION OF ABUSER PATTERNS AND SAFETY PLANS. THESE SERVICES ARE ALSO AVAILABLE ON A LIMITED BASIS AT SATELLITE OFFICES AND PARTNER AGENCIES. RESPITE SERVICES ARE AVAILABLE TO THE PARENT/GUARDIAN IS RECEIVING SERVICES.

4b (Code:) (Expenses \$ **2,313,491** including grants of \$ **196,170**) (Revenue \$)
 RESIDENTIAL SERVICES - THE PROGRAM'S PURPOSE IS TO PROVIDE SAFE TEMPORARY EMERGENCY HOUSING FOR VICTIMS OF DOMESTIC VIOLENCE AND THEIR DEPENDENTS. THE EMERGENCY SHELTER HAS A CAPACITY OF UP TO 138 BEDS. SUPPORTIVE SERVICES ARE ALSO AVAILABLE AT THE PROGRAM INCLUDING INDIVIDUAL AND GROUP COUNSELING SESSIONS ON THE DYNAMICS OF DOMESTIC VIOLENCE, ADVOCACY, CRISIS COUNSELING AND THE PROGRAM ALSO PROVIDES FOOD, CLOTHING, CHILDCARE ASSISTANCE, AND OTHER SERVICES. RESPITE SERVICES ARE AVAILABLE TO THE PARENT/GUARDIAN IS RECEIVING SERVICES. FAMILY OUTINGS AND ACTIVITIES ARE ALSO OFFERED OCCASIONALLY. SERVICES ARE PROVIDED THROUGH THE 24-HOUR CRISIS LINE.

4c (Code:) (Expenses \$ **987,303** including grants of \$) (Revenue \$)
 PREVENTION AND EDUCATION SERVICES - WID MAINTAINS ONGOING OUTREACH EFFORTS TO EDUCATE BROWARD COUNTY'S RESIDENTS ON THE DEFINITIONS, AND IMPACT OF INTIMATE PARTNER VIOLENCE IN THE COMMUNITY AND THE PEOPLE THEY SERVE. WID PROVIDES PREVENTION AND EDUCATION SERVICES TO YOUTH AND ADULTS SO THEY MAY BETTER UNDERSTAND HOW BULLYING AND INTIMATE PARTNER VIOLENCE PERPETRATED BY YOUTH AFFECTS ON FAMILY MEMBERS, SCHOOL COMMUNITY AND SOCIETY, INTERVENTION AND PREVENTION METHODS, AND THE PROGRAMS AVAILABLE AT WID. TRAINING AND PREVENTION ARE PROVIDED TO HELP YOUTH AND COMMUNITY MEMBERS RECOGNIZE THE WARNING SIGNS OF VIOLENCE AND UNDERSTAND ITS IMPACT ON FAMILIES AND SOCIETY. CREATING CHANGE AMONG ATTITUDES, BELIEFS AND BEHAVIORS IS CRITICAL SO THE COMMUNITY CAN APPROPRIATELY REFER VICTIMS FOR ASSISTANCE AND INCREASE THE POSITIVE IMPACT OF INTERVENTION AND PREVENTION. TRAINING IS ALSO PROVIDED TO PARTICIPANTS THROUGH THE ULTIMATE TRAINING CENTER ON TRAINING, FINANCIAL LITERACY, BUDGETING, INTERVIEWING AND PRESENTATION SKILLS AND USE OF TECHNOLOGY AND OFFICE SOFTWARE.

(Code:) (Expenses \$ **954,529** including grants of \$) (Revenue \$)
 CRISIS HOTLINE - THE PURPOSE OF THE CRISIS HOTLINE IS TO BE A READY AND AVAILABLE SOURCE OF INFORMATION AND SUPPORT FOR VICTIMS OF DOMESTIC VIOLENCE AND TO THE COMMUNITY. THE CRISIS HOTLINE IS OPERATIONAL 24 HOURS A DAY, SEVEN DAYS PER WEEK. SINCE DECEMBER 2019, THE CRISIS HOTLINE HAS BEEN EXPANDED TO BECOME A SEPARATE PROGRAM HOUSED IN ITS OWN SPACE AT THE JIM AND JAN MORAN FOUNDATION. SERVICES THAT ARE AVAILABLE THROUGH WID'S ADVOCACY PROGRAM ARE AVAILABLE ON THE HOTLINE THROUGH ITS DEDICATED CRISIS HOTLINE. SERVICES INCLUDE SAFETY PLANNING AND SERVICE MANAGEMENT AS WELL AS INFORMATION. REFERRALS ARE ALSO MADE TO OTHER ORGANIZATIONS PROVIDING HOMELESS PROGRAMS, MENTAL HEALTH, HEALTH, JOBS AND OTHER BENEFITS THAT MAY BE AVAILABLE TO CALLERS WHO ARE NOT SEEKING ASSISTANCE BUT CALL WID'S CRISIS HOTLINE FOR INFORMATION AND AS A RESOURCE.

(Code:) (Expenses \$ **670,555** including grants of \$ **775**) (Revenue \$)
 INJUNCTION FOR PROTECTION ("IFP") - WID'S IFP PROGRAM PROVIDES LEGAL COUNSEL FOR SURVIVORS WISHING TO PURSUE OR OBTAIN AN INJUNCTION FOR PROTECTION AGAINST THEIR BATTERER. THE LEGAL SERVICES INCLUDE COUNSEL BEFORE THE INJUNCTION IS FILED, FILING OF THE INJUNCTION DURING FINAL/VIOLATION HEARINGS. ALL LEGAL SERVICES THROUGH THIS PROGRAM ARE FREE OF COST AND ARE PROVIDED THROUGH RESIDENTIAL SERVICES AND OUTREACH SERVICES AS WELL AS SURVIVORS WHO MAY NOT BE CURRENTLY REGISTERED FOR THE PROGRAM IS FUNDED THROUGH A COLLABORATION OF THE FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES AND THE OFFICE OF GENERAL STATEWIDE SERVICES - AS OF 2021, WID WAS ALSO AWARDED THE PRIMARY CONTRACT (IN CONJUNCTION WITH TWO OTHER CONTRACTS) TO ADMINISTER THE DOMESTIC VIOLENCE STATEWIDE SERVICES TO INCLUDE THE FLORIDA DOMESTIC VIOLENCE HOTLINE, STATEWIDE INTERVENTION SERVICES, TRAINING AND TECHNICAL ASSISTANCE, AND THE LARGER INJUNCTION FOR PROTECTION PROGRAM.

(Code:) (Expenses \$ **583,290** including grants of \$ **110**) (Revenue \$)
 THRIFT STORE - THE PURPOSE IS TO PROVIDE ADDITIONAL REVENUES TO SUPPORT CORE OPERATIONS FOR WID AND PROVIDE CLOTHING AND HOUSEHOLD ITEMS TO PROGRAM PARTICIPANTS. DONATED GOODS AND MERCHANDISE ARE SOLD TO THE PUBLIC AND PROCEEDS ARE USED IN THE WID PROGRAM. PROGRAM PARTICIPANTS ARE ALSO PROVIDED CLOTHING, FURNITURE AND HOUSEHOLD ITEMS FROM THE STORE FREE OF CHARGE.

4d Other program services (Describe in Schedule O.)
 (Expenses \$ **2,208,374** including grants of \$ **885**) (Revenue \$)

4e Total program service expenses **8,832,050**

- 1 Is the organization described in section 501(c)(5) or 4947(a)(1) (other than a private foundation)? If *yes*, complete Schedule A 
- 2 Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions. 
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate for public office? If *"Yes,"* complete *Schedule C, Part I*
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If *"Yes,"* complete *Schedule C, Part II*
- 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*
- 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* 
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If *"Yes,"* complete *Schedule D, Part II* 
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If *"Yes,"* complete *Schedule D, Part III* 
- 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* 
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If *"Yes,"* complete *Schedule D, Part V*
- 11 If the organization's answer to any of the following questions is *"Yes,"* then complete *Schedule D, Parts VI, VII, VIII, I or X, as applicable.*
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If *"Yes,"* complete *Schedule D, Part VI.* 
 - 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* 
 - c 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* 
 - 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 Part X, line 16? If *"Yes,"* complete *Schedule D, Part IX* 
 - e Did the organization report an amount for other liabilities in Part X, line 25? If *"Yes,"* complete *Schedule D, Part X* 
 - 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)? If *"Yes,"* complete *Schedule D, Part X* 
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If *"Yes,"* complete *Schedule D, Parts XI and XII* 
 - 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 
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If *"Yes,"* complete *Schedule E*
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - 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 or more? If *"Yes,"* complete *Schedule F, Parts I and IV*
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If *"Yes,"* complete *Schedule F, Parts II and IV*
- 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*
- 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. 

- 18** Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* 
- 19** Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* 
- 20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*
- b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21** Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* 

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Part IV Checklist of Required Schedules *(continued)*

- 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* 
- 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* 
- 24a** Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*
- b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- c** Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
- d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
- 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*
- b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, or 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*
- 26** Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or form 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*
- 27** Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*
- 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):
 - a** A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*
 - b** A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*
 - c** 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*
- 29** Did the organization receive more than \$25,000 in non-cash contributions? *If "Yes," complete Schedule M* 
- 30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* 

- 31** Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*
- 32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*
- 33** Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*
- 34** Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*
- 35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?
 - b** 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*
- 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*
- 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*
- 38** Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note** All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

- | | | |
|--|-----------|---|
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 1 |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | |
- c** Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

- | | | |
|---|-----------|---|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 1 |
|---|-----------|---|
- b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns?
 - 3a** Did the organization have unrelated business gross income of \$1,000 or more during the year?
 - b** If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*
 - 4a** At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
 - b** If "Yes," enter the name of the foreign country: _____
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
 - 5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?
 - b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?
 - c** If "Yes," to line 5a or 5b, did the organization file Form 8886-T?
 - 6a** Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?
 - b** If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
 - 7 Organizations that may receive deductible contributions under section 170(c).**
 - a** Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services?

provided to the payor?

b If "Yes," did the organization notify the donor of the value of the goods or services provided?

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

d If "Yes," indicate the number of Forms 8282 filed during the year

7d	
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e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

9 Sponsoring organizations maintaining donor advised funds.

a Did the sponsoring organization make any taxable distributions under section 4966?

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

10 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on Part VIII, line 12

10a	
------------	--

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

10b	
------------	--

11 Section 501(c)(12) organizations. Enter:

a 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	
------------	--

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

12b	
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13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

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	
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c Enter the amount of reserves on hand

13c	
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14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?
If "Yes," see the instructions and file Form 4720, Schedule N.

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . .
If "Yes," complete Form 4720, Schedule O.

17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . .
If "Yes," complete Form 6069.

Part VI **Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

- 1a** Enter the number of voting members of the governing body at the end of the tax year
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 in Schedule O.
- b** Enter the number of voting members included in line 1a, above, who are independent
- 2** Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
- 3** Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?
- 4** Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
- 5** Did the organization become aware during the year of a significant diversion of the organization's assets?
- 6** Did the organization have members or stockholders?
- 7a** Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?
- b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?
- 8** Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
 - a** The governing body?
 - b** Each committee with authority to act on behalf of the governing body?
- 9** Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

1a	
1b	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Service)

- 10a** Did the organization have local chapters, branches, or affiliates?
- b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?
- 11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
- b** Describe on Schedule O the process, if any, used by the organization to review this Form 990.
- 12a** Did the organization have a written conflict of interest policy? If "No," go to line 13
- b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
- c** Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done
- 13** Did the organization have a written whistleblower policy?
- 14** Did the organization have a written document retention and destruction policy?
- 15** Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
 - a** The organization's CEO, Executive Director, or top management official
 - b** Other officers or key employees of the organization
 If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.
- 16a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed FL
- 18** Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:
 GISELE GELIN PO BOX 50187 LIGHTHOUSE POINT, FL 33074 (954) 760-9800

Form 990 (2023)

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 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$10,000 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		
(1) SEAN RILEY BOARD CHAIR	1.00	X		X				0	
(2) AMANDA PIRES	1.00								

FIRST CHAIR		X		X						0
(3) ANGELA KELSEY	1.00	X		X						0
SECOND CHAIR										
(4) DREW SAITO	1.00	X		X						0
TREASURER										
(5) CARLA P LOWRY ESQ	1.00	X								0
SECRETARY										
(6) PAUL LEIKERT	1.00	X								0
DIRECTOR										
(7) MARILYN C CAMEROTA	1.00	X								0
DIRECTOR										
(8) JULISSA MERETTE BS MAA	1.00	X								0
DIRECTOR										
(9) MARLA SCHAEFER	1.00	X								0
DIRECTOR										
(10) PHYLLIS THOMAS	1.00	X								0
DIRECTOR										
(11) JILL A WALLACE-ROSS DO	1.00	X								0
DIRECTOR										
(12) STEPHANIE J COKER	1.00	X								0
DIRECTOR										
(13) BEATRIZ BJ PRILLAMAN	1.00	X								0
DIRECTOR										
(14) MONA L BENTZ	1.00	X								0
DIRECTOR										
(15) JUSTIN GROMLEY	1.00	X								0
DIRECTOR										
(16) MARIA K GUTTUSO	1.00	X								0
DIRECTOR										
(17) LINDA GARRETT	1.00	X								0
DIRECTOR										

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

(A) Name and title	(B) Amount	(C) Position (do not check any)	(D) Responsible	(E) Responsible
-----------------------	---------------	------------------------------------	--------------------	--------------------

Name and title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	Reportable compensation from related organization (W-2/1099-MISC/1099-NEC)
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		
(18) CECILE LEROUX DIRECTOR	1.00	X						0	
(19) MICHELLE CLAVEROL DIRECTOR	1.00	X						0	
(20) LINDA PARKER PHD PRESIDENT/CEO	40.00			X				182,030	
(21) JEFFREY METCALF CHIEF DEVELOPMENT OFFICER	40.00			X				130,442	
(22) SHENA KITT COO	40.00			X				99,094	
(23) VANESSA BONGIORNO CFO	40.00			X				93,882	
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							505,448		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of service
BRIGHT LIGHT SECURITY SERVICES LLC 3600 S STATE RD 7 SUITE 260 MIRAMAR, FL 33023	SECURITY

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 compensation from the organization **1**

Form 990 (2023)

Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue
1a Federated campaigns ? 1a			
b Membership dues 1b			
c Fundraising events 1c			
d Related organizations 1d			
e Government grants (contributions) 1e	7,576,170		
f All other contributions, gifts, grants, and similar amounts not included above 1f	2,126,134		
g Noncash contributions included in lines 1a - 1f:\$ 1g	738,963		
h Total. Add lines 1a-1f	9,702,304		

	Business Code			
2a Revenue				

Program Ser

1				
2				
f	All other program service revenue.			
9	Total. Add lines 2a-2f.			

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts)	79,015		
4	Income from investment of tax-exempt bond proceeds			
5	Royalties			
6a	Gross rents			
6a		(i) Real	(ii) Personal	
6b	Less: rental expenses			
6c	Rental income or (loss)			
6c				
6d	Net rental income or (loss)			
7a	Gross amount from sales of assets other than inventory			
7a		(i) Securities	(ii) Other	
7a		25,376		
7b	Less: cost or other basis and sales expenses			
7b		16,356		
7c	Gain or (loss)			
7c		9,020		
7d	Net gain or (loss)	9,020		
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	910,080		
8a				
8b	Less: direct expenses	208,062		
8b				
8c	Net income or (loss) from fundraising events	702,018		
9a	Gross income from gaming activities. See Part IV, line 19			
9a				
9b	Less: direct expenses			
9b				
9c	Net income or (loss) from gaming activities			
10a	Gross sales of inventory, less returns and allowances	738,620		
10a				
10b	Less: cost of goods sold	748,018		
10b				
10c	Net income or (loss) from sales of inventory	-9,398	-9,398	
11a	Business Code			
11a				
b				

c				
d	All other revenue			
e	Total. Add lines 11a-11d			
12	Total revenue. See instructions		10,482,959	-9,398

Form 990 (2023)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete only the applicable columns.

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	439,309	439,309	
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.			
4 Benefits paid to or for members			
5 Compensation of current officers, directors, trustees, and	514,300	445,836	27

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SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

Name of the organization WOMEN IN DISTRESS OF BROWARD COUNTY INC	Employer identification number 59-1592524
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1** A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2** A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3** A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4** A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** name, city, and state:
- 5** An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6** A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7** An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university.
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 12/31/30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the activities of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(1)** on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by a committee or organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by the management of the supporting organization vested in the same persons that control or manage the supported organization. **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, one or more supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that are functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- 9 Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)
			Yes	No	
Total					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A

Schedule A (Form 990) 2023

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	7,346,309	8,238,677	7,540,510	8,439,118	9,346,309
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					
3 The value of services or facilities furnished by a governmental unit to the organization without charge.. . . .					

4 Total. Add lines 1 through 3	7,346,309	8,238,677	7,540,510	8,439,118	9
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.					

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023
7 Amounts from line 4.	7,346,309	8,238,677	7,540,510	8,439,118	9
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	909	8,794	16,513	35,995	
9 Net income from unrelated business activities, whether or not the business is regularly carried on.	6,331	48,682	462,017	456,883	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	6,443	38,459	54	267	
11 Total support. Add lines 7 through 10					
12 Gross receipts from related activities, etc. (see instructions)					12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here					►

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14
15 Public support percentage for 2022 Schedule A, Part II, line 14	15
16a 33 1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	
17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

Sched

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 the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					

2	Gross receipts from admissions, merchandise sold or services performed, or facilities 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 business under section 513				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .				
5	The value of services or facilities furnished by a governmental unit to the organization without charge				
6	Total. Add lines 1 through 5				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.				
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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202
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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c) this box and stop here.					

Section C. Computation of Public Support Percentage

15	Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2022 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2023 (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from 2022 Schedule A, Part III, line 17	18
19a	33 1/3% support tests-2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . .	
b	33 1/3% support tests—2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructio	

Schedule A (Form 990) 2023

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and C. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of 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 its 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 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, 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 section 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 (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 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 supported 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, an activity 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).*

Sched

Page 5

Schedule A (Form 990) 2023

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a 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?
- b A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in **Part VI**.*

Section B. Type I Supporting Organizations

- 1** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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 benefits was carried out for the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

Section C. Type II Supporting Organizations

- 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).*

Section D. All Type III Supporting Organizations

- 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 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?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in 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.*

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**).
 - a** The organization satisfied the Activities Test. Complete **line 2** below.
 - b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity.

- 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 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.*

Sched

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in instructions*). All other Type III non-functionally integrated supporting organizations must complete Sections A and B.

Section A - Adjusted Net Income		(A) Prior Year
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	

e Discount claimed for blockage or other factors (explain in detail in Part VI):		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 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	
Section C - Distributable Amount		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting org (see instructions)		

Sched

efile Public Visual Render	ObjectID: 202540739349301969 - Submission: 2025-03-14
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Schedule B

(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

Name of the organization WOMEN IN DISTRESS OF BROWARD COUNTY INC	Employee 59-15925
---	-----------------------------

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (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.

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 1, received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the organization's net assets, on 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, 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 if the organization is a religious, charitable, etc., organization. If this box is checked, enter here the total contributions that were received during the year for an *exclusive* purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it is not a religious, charitable, etc., organization. If contributions totaling \$5,000 or more during the year ▶

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990-EZ, or 990-PF), 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 or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Cat. No. 30613X

Schedule B (Form 990) (2023)

Name of organization WOMEN IN DISTRESS OF BROWARD COUNTY INC	En nu 59-
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Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
RESTRICTED		
		\$ RESTRICTED

En
nu
59-
(C)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	CO
-	<hr/> <hr/>	<hr/> \$	<input type="checkbox"/> <input type="checkbox"/> (C CO
-	<hr/> <hr/>	<hr/> \$	<input type="checkbox"/> <input type="checkbox"/> (C CO
-	<hr/> <hr/>	<hr/> \$	<input type="checkbox"/> <input type="checkbox"/> (C CO
-	<hr/> <hr/>	<hr/> \$	<input type="checkbox"/> <input type="checkbox"/> (C CO
-	<hr/> <hr/>	<hr/> \$	<input type="checkbox"/> <input type="checkbox"/> (C CO
-	<hr/> <hr/>	<hr/> \$	<input type="checkbox"/> <input type="checkbox"/> (C CO

Schedule B (Form 990) (2023)

Name of organization WOMEN IN DISTRESS OF BROWARD COUNTY INC	Employer identification # 59-1592524
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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)
-	<hr/> <hr/> <hr/>	<hr/> <p style="text-align: right;">\$</p>
-	<hr/> <hr/> <hr/>	<hr/> <p style="text-align: right;">\$</p>
-	<hr/> <hr/> <hr/>	<hr/> <p style="text-align: right;">\$</p>
-	<hr/> <hr/> <hr/>	<hr/> <p style="text-align: right;">\$</p>
-	<hr/> <hr/> <hr/>	<hr/> <p style="text-align: right;">\$</p>
-	<hr/> <hr/> <hr/>	<hr/> <p style="text-align: right;">\$</p>

Schedule B (Form 990) (2023)

Name of organization WOMEN IN DISTRESS OF BROWARD COUNTY INC	Employer identi 59-1592524
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8) than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a)		
-----	--	--

efile Public Visual Render

ObjectID: 202540739349301969 - Submission: 2025-03-14

SCHEDULE D (Form 990)

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

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.

Name of the organization

WOMEN IN DISTRESS OF BROWARD COUNTY INC

Employer identification number

59-1592524

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during tax year.
4 Number of states where property subject to conservation easement is located.
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement.
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during tax year.
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets
 Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a** If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet work historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the text of the footnote to its financial statements that describes these items.
- b** If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet work historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b** Assets included in Form 990, Part X ▶ \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D **Schedule**

Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of items (check all that apply):
- a** Public exhibition **d** Loan or exchange programs
- b** Scholarly research **e** Other
- c** Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Y**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Y**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Y**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back
1a Beginning of year balance	2,170,989	2,049,555	2,479,666	1,368,66
b Contributions				679,97
c Net investment earnings, gains, and losses	222,847	183,968	-367,838	515,23

d Grants or scholarships	51,846	51,680	49,717	70,47
e Other expenditures for facilities and programs				
f Administrative expenses	14,155	10,854	12,556	13,73
g End of year balance	2,327,835	2,170,989	2,049,555	2,479,66

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 50.271 %
- b** Permanent endowment ▶ 49.729 %
- c** Term endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, I

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation
1a Land		1,224,429	
b Buildings		8,874,041	3,711,188
c Leasehold improvements		186,754	36,193
d Equipment		2,506,903	1,862,564
e Other		23,600	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶

Schedule

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, I

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation (Cost or end-of-year market value)
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		

(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, li

(a) Description of investment	(b) Book value	(c) Method Cost or end-of-
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (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 11d. See Form 990, Part X, li

(a) Description	(b)
(1) ENDOWMENT FUND PORTFOLIO	
(2) ADVANCES TO PROVIDERS	
(3) RIGHT OF USE ASSET - OPERATING LEASE	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Par

1. (a) Description of liability	(b)
(1) Federal income taxes	
DUE TO FUNDER	
LEASE LIABILITIES	

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that describes the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided.

Schedule

Schedule D (Form 990) 2022

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Table with 2 columns: Description and Amount. Row 1: Total revenue, gains, and other support per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part VIII, line 12.

efile Public Visual Render ObjectID: 202540739349301969 - Submission: 2025-03-14

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization and Employer ID number. Name: WOMEN IN DISTRESS OF BROWARD COUNTY INC. Employer ID: 59-1592524

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 5 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i). Includes sub-columns for Yes/No under (iii).

Direct Expenses	3	Gross income (line 1 minus line 2)	396,440	314,630	199,0	
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	61,413	69,980	76,6	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				▶
	11	Net income summary. Subtract line 10 from line 3, column (d)				▶

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported on Form 990-EZ, line 6a.

Revenue				
	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	
1	Gross revenue			
Direct Expenses	2	Cash prizes		
	3	Noncash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			▶
8	Net gaming income summary. Subtract line 7 from line 1, column (d)			▶

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states?

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

13 Indicate the percentage of gaming activity conducted in:

- a** The organization's facility **13**
- b** An outside facility **13**

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► -----

Address ► -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
WOMEN IN DISTRESS OF BROWARD COUNTY INC

Employer
59-1592

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part II that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descripti noncash assis
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- Enter total number of other organizations listed in the line 1 table

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

Cat. No. 50055P

Schedule I (Form 990) 2023

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Des
(1) HOUSING		284,979			
(2) HOUSING INCIDENTALS		106,019			
(3) HOTEL STAYS AND STORAGE		23,658			
(4) TRANSPORTATION		20,629			
(5) CHILDCARE		4,024			
(5)					
(6)					
(7)					

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
WOMEN IN DISTRESS OF BROWARD COUNTY INC

Employer identification number
59-1592524

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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

Cat. No. 50053T

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, descri instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) ar

(A) Name and Title	(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontax benefit
	(i) Base compensation	(ii) Bonus &	(iii) Other reportable		

or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29
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30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

SCHEDULE O
(Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
WOMEN IN DISTRESS OF BROWARD COUNTY INC

Employer id
59-1592524

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS REVIEWED BY THE CEO, CFO AND BOARD OF DIRECTORS PRIOR TO SUBMISSION ON FORM 990 ARE AGREED TO AMOUNTS INCLUDED IN THE AUDITED FINANCIAL STATEMENTS
FORM 990, PART VI, SECTION B, LINE 12C	REVIEW OF POLICY UPON HIRE OR PARTICIPATION AS BOARD MEMBER OR TRUSTEE. ANNUAL
FORM 990, PART VI, SECTION B, LINE 15	EVERY YEAR THE HR DEPARTMENT EXAMINES VARIOUS NOT FOR PROFIT ORGANIZATIONS TH COMPARABLE SERVICES AND HAVE COMPARABLE BUDGETS IN ORDER TO ASCERTAIN AVERA AMOUNTS OF COMPENSATION AND BENEFITS. THE SALARY AND BENEFIT RECOMMENDATION PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL.
FORM 990, PART VI, SECTION C, LINE 18	FORM 990 CAN BE OBTAINED FROM THE ORGANIZATION'S WEBSITE. WWW.WOMENINDISTRES
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE REQUEST AT THE MAIN ADMINISTRATION OFFICE.