



PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

Return of Organization Exempt From Income Tax

Form 990

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

2024

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization: WOMEN'S SHELTER OF SOUTH TEXAS D Employer identification number: 74-1943398 E Telephone number: 361-248-3715 AA G Gross receipts \$: 5,508,964. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: WWW.PURPLEDOORTX.ORG K Form of organization: L Year of formation: 1977 M State of legal domicile: TX

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Sign Here: Signature of officer FRANCES WILSON, CEO. Date. Paid: Preparer's name JENNIFER M. PERALES, signature JENNIFER M. PERALES, Date, Check if self-employed, PTIN P01325331. Preparer Use Only: Firm's name ADAMSON & COMPANY, LLC, Firm's EIN 45-3980748, Firm's address 4101 S ALAMEDA ST, CORPUS CHRISTI, TX 78411, Phone no. 361-887-8916.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF THE PURPLE DOOR IS TO EMPOWER THE COMMUNITY AND THOSE AFFECTED BY DOMESTIC VIOLENCE AND SEXUAL ASSAULT TO TRANSITION TO A SAFE AND HEALTHY ENVIRONMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 2,627,967. including grants of \$) (Revenue \$) FAMILY VIOLENCE PROGRAM SERVICES ARE PROVIDED TO ADULT AND CHILD VICTIMS OF DOMESTIC VIOLENCE WITHIN A TWELVE-COUNTY REGION OF SOUTH TEXAS INCLUDING ARANSAS, BEE, BROOKS, DUVAL, JIM WELLS, KENEDY, KLEBERG, LIVE OAK, MCMULLEN, NUECES, REFUGIO, AND SAN PATRICIO COUNTIES. IN 2024, THE WOMEN'S SHELTER OF SOUTH TEXAS DBA THE PURPLE DOOR PROVIDED FREE, COMPREHENSIVE, SUPPORTIVE SERVICE TO 2,101 CLIENTS. THE AGENCY SERVED 1,484 ADULTS AND 617 CHILDREN IN 2024. OF THOSE SERVED, 1,406 WERE SURVIVORS OF DOMESTIC VIOLENCE. THE AGENCY PROVIDED SHELTER TO 738 ADULTS AND CHILDREN IN 2024. SERVICES WERE PROVIDED 24-HOURS PER DAY, 365 DAYS PER YEAR AND INCLUDED: SAFE SHELTER, ADVOCACY, SAFETY PLANNING, INDIVIDUAL AND GROUP COUNSELING, CRISIS HOTLINE, SEXUAL ASSAULT SERVICES, YOUTH-FOCUSED SERVICES, LEGAL

4b (Code:) (Expenses \$ 555,964. including grants of \$) (Revenue \$) SEXUAL ASSAULT PROGRAM SERVICES ARE AVAILABLE TO FEMALE AND MALE VICTIMS OF SEXUAL ASSAULT AND THEIR FAMILIES WITHIN A TWELVE-COUNTY REGION OF SOUTH TEXAS INCLUDING ARANSAS, BEE, BROOKS, DUVAL, JIM WELLS, KENEDY, KLEBERG, LIVE OAK, MCMULLEN, NUECES, REFUGIO, AND SAN PATRICIO COUNTIES. OF THE 2,101 CLIENTS SERVED BY THE WOMEN'S SHELTER OF SOUTH TEXAS DBA THE PURPLE DOOR, 450 WERE VICTIMS OF SEXUAL ASSAULT. SERVICES WERE PROVIDED 24-HOURS PER DAY, 365 DAYS PER YEAR AND INCLUDED: SAFE SHELTER, ADVOCACY, SAFETY PLANNING, INDIVIDUAL AND GROUP COUNSELING, CRISIS HOTLINE, SEXUAL ASSAULT SERVICES, YOUTH-DIRECTED SERVICES, LEGAL ADVOCACY, AND RURAL OUTREACH SERVICES. PREVENTION AND EDUCATION SERVICES WERE ALSO PROVIDED TO ADDRESS ENDING SEXUAL VIOLENCE BEFORE IT STARTS. THE SEXUAL ASSAULT PROGRAM PROVIDES FREE, COMPREHENSIVE,

4c (Code:) (Expenses \$ 1,797,166. including grants of \$) (Revenue \$ 1,069,441.) THE PURPLE DOOR RESALE SHOP OPENED IN JULY 2023 TO ENGAGE THE COMMUNITY IN A UNIQUE WAY. DONATED ITEMS, INCLUDING CLOTHING, SMALL FURNITURE, AND HOUSEHOLD GOODS, ARE ACCEPTED AT THE BACK OF THE STORE. THESE ITEMS ARE CAREFULLY SORTED BY A SPECIALIZED TEAM AND SOLD AT LOW PRICES. CLIENTS OF THE PURPLE DOOR ARE GIVEN GIFT CARDS THAT ALLOW THEM TO SHOP FREELY, PROVIDING A DISCREET SHOPPING EXPERIENCE. ALL PROCEEDS FROM THE SHOP GO TOWARD FUNDING THE AGENCY'S FREE, COMPREHENSIVE SERVICES FOR CLIENTS ACROSS THE PURPLE DOOR'S TWELVE COUNTY SERVICE AREA. ADDITIONALLY, THE SHOP HOLDS SPECIFIC DONATION ITEMS FOR SHELTER USE, ENSURING THE SHELTER'S LOCATION REMAINS CONFIDENTIAL. IN ITS FIRST YEAR, PURPLE DOOR RESALE HAS NOT ONLY BROUGHT THE COMMUNITY TOGETHER IN SUPPORT OF A GOOD CAUSE, BUT ALSO INCREASED AWARENESS OF THE PURPLE

4d Other program services (Describe on Schedule O.) (Expenses \$ 5,249. including grants of \$) (Revenue \$ 8,379.)

4e Total program service expenses 4,986,346.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. Marked 'Yes' (X) in the Yes column for questions 1, 2, 11a, 11d, 12a, 12b, 13, 14a, 14b, 15, 16, 17, 18, 19, 20a, 20b, and 21.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Row 22: Did the organization report more than \$5,000 of grants... Row 23: Did the organization answer 'Yes' to Part VII... Row 24a: Did the organization have a tax-exempt bond issue... Row 24b: Did the organization invest any proceeds... Row 24c: Did the organization maintain an escrow account... Row 24d: Did the organization act as an 'on behalf of' issuer... Row 25a: Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction... Row 25b: Is the organization aware that it engaged in an excess benefit transaction... Row 26: Did the organization report any amount on Part X... Row 27: Did the organization provide a grant or other assistance... Row 28: Was the organization a party to a business transaction... Row 28a: A current or former officer... Row 28b: A family member... Row 28c: A 35% controlled entity... Row 29: Did the organization receive more than \$25,000 in noncash contributions... Row 30: Did the organization receive contributions of art... Row 31: Did the organization liquidate, terminate, or dissolve... Row 32: Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets... Row 33: Did the organization own 100% of an entity disregarded as separate... Row 34: Was the organization related to any tax-exempt or taxable entity... Row 35a: Did the organization have a controlled entity within the meaning of section 512(b)(13)? Row 35b: If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity... Row 36: Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization... Row 37: Did the organization conduct more than 5% of its activities through an entity that is not a related organization... Row 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

Table with 3 columns: Question ID, Question Text, Yes, No. Row 1a: Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable. Row 1b: Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. Row 1c: Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 13; 1b Enter the number of voting members included on line 1a... 13; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 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 on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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? X; 11b 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 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 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 X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b 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 NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
WOMEN'S SHELTER OF SOUTH TEXAS - 361-884-2900
4444 CORONA, SUITE 139, CORPUS CHRISTI, TX 78411

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See 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 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)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FRANCES WILSON CEO AND PRESIDENT	40.00			X			121,313.	0.	0.	
(2) ANNA ALDRIDGE DIRECTOR	0.00	X					0.	0.	0.	
(3) JENNIFER RAMON DIRECTOR	0.00	X					0.	0.	0.	
(4) CHRISTINA GOMEZ DIRECTOR	0.00	X					0.	0.	0.	
(5) IRENE CASTILLO-MORENO SECRETARY	0.00	X		X			0.	0.	0.	
(6) RILEY LANGSTON TREASURER	0.00	X		X			0.	0.	0.	
(7) LISA KENNEDY CHAIR	0.00	X		X			0.	0.	0.	
(8) LUANN RIOS DIRECTOR	0.00	X					0.	0.	0.	
(9) EMILY MARTINEZ DIRECTOR	0.00	X					0.	0.	0.	
(10) MARK SCHAUER DIRECTOR	0.00	X					0.	0.	0.	
(11) SHARON SEDWICK VICE CHAIR	0.00	X		X			0.	0.	0.	
(12) DR. KRISTINA RAMIREZ WILSON DIRECTOR	0.00	X					0.	0.	0.	
(13) LAUREN ALBRECHT DIRECTOR	0.00	X					0.	0.	0.	
(14) LINDA WALKER DIRECTOR	0.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							121,313.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							121,313.	0.	0.	

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 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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 services	(C) Compensation
STERLING PERSONNEL, 3833 S STAPLES ST., #103, CORPUS CHRISTI, TX 78411	STAFFING AGENCY	292,664.
UNITED HEALTHCARE INSURANCE ON FILE, CORPUS CHRISTI, TX 78414	INSURANCE	182,573.
ASCENSUS, 200 DRYDEN ROAD, SUITE 4000, DRESHER, PA 19025	RECORDKEEPING & THIRD-PARTY ADMINIST	112,857.
DPEG TOWN & COUNTRY, LP, 11333 FOUNTAIN LAKE DRIVE, STAFFORD, TX 77477	RENTAL	110,840.
BYTETIME 22136 WESTHEIMER PKWY #455, KATY, TX 77450	IT SUPPORT	107,529.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	2,251,530.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,028,257.				
	g	Noncash contributions included in lines 1a-1f	1g	\$1,141,477.				
	h	Total. Add lines 1a-1f		4,279,787.				
Program Service Revenue	2 a	THRIFT STORE	Business Code					
			459900	1,069,441.	1,069,441.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f		1,069,441.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		39,146.			39,146.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					4,266.			
	b	Less: cost or other basis and sales expenses	7b	3,362.				
	c	Gain or (loss)	7c	904.				
d	Net gain or (loss)		904.	904.				
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		108,849.				
			8b	0.				
				108,849.		108,849.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
			10b					
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	MISCELLANEOUS	Business Code					
			624100	7,475.	7,475.			
	b							
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d		7,475.					
12	Total revenue. See instructions		5,505,602.	1,077,820.	0.	147,995.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	106,194.	49,356.	51,048.	5,790.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,369,274.	2,125,398.	230,762.	13,114.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	36,026.	27,331.	8,092.	603.
10 Payroll taxes	181,473.	160,332.	19,752.	1,389.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	21,445.	20,834.	611.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	444,456.	444,148.	308.	
12 Advertising and promotion	8,213.	8,213.		
13 Office expenses	104,010.	102,594.	1,320.	96.
14 Information technology				
15 Royalties				
16 Occupancy	404,145.	402,880.	1,265.	
17 Travel	49,595.	49,595.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	22,860.	22,496.		364.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	116,289.	111,986.	4,303.	
23 Insurance	53,989.	50,917.	1,633.	1,439.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a RESALE STORE IN-KIND CO	1,075,429.	1,075,429.	0.	0.
b ELIGIBLE ASSISTANCE	134,006.	134,006.	0.	0.
c FOOD	59,818.	59,818.	0.	0.
d MISCELLANEOUS	50,990.	49,855.	24.	1,111.
e All other expenses _____	110,366.	91,158.	776.	18,432.
25 Total functional expenses. Add lines 1 through 24e	5,348,578.	4,986,346.	319,894.	42,338.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,381,220.	1	1,507,374.
	2 Savings and temporary cash investments	663,294.	2	772,988.
	3 Pledges and grants receivable, net	425,624.	3	494,097.
	4 Accounts receivable, net	76,710.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	68,973.	8	110,902.
	9 Prepaid expenses and deferred charges	21,124.	9	15,744.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,994,311.		
	b Less: accumulated depreciation	10b 1,831,098.	1,184,409.	10c 1,163,213.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	643,377.	15	764,857.
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,464,731.	16	4,829,175.	
Liabilities	17 Accounts payable and accrued expenses	233,847.	17	198,840.
	18 Grants payable		18	
	19 Deferred revenue	22,690.	19	24,848.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	630,649.	23	762,127.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	887,186.	26	985,815.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,318,315.	27	3,476,559.
	28 Net assets with donor restrictions	259,230.	28	366,801.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,577,545.	32	3,843,360.
	33 Total liabilities and net assets/fund balances	4,464,731.	33	4,829,175.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,505,602.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,348,578.
3	Revenue less expenses. Subtract line 2 from line 1	3	157,024.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,577,545.
5	Net unrealized gains (losses) on investments	5	108,789.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,843,360.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2024)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2890443.	2921400.	2368281.	3204267.	4279787.	15664178.
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	2890443.	2921400.	2368281.	3204267.	4279787.	15664178.
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.						15664178.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	2890443.	2921400.	2368281.	3204267.	4279787.	15664178.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,677.	4,724.	3,516.	28,820.	39,146.	81,883.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,189.	6,729.	5,280.	8,618.	7,475.	32,291.
11 Total support. Add lines 7 through 10						15778352.
12 Gross receipts from related activities, etc. (see instructions)					12	1,423,117.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	99.28	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	99.38	%
16a 33 1/3% support test - 2024. 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			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. 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			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. 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			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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			<input type="checkbox"/>
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			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is 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 instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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 Part VI). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
 (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS OTHER INCOME

2020 AMOUNT: \$ 4,189.
 2021 AMOUNT: \$ 6,729.
 2022 AMOUNT: \$ 5,280.
 2023 AMOUNT: \$ 8,618.
 2024 AMOUNT: \$ 7,475.

**Schedule B
(Form 990)**

(Rev. December 2024)
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.

OMB No. 1545-0047

Name of the organization

WOMEN'S SHELTER OF SOUTH TEXAS

Employer identification number

74-1943398

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization WOMEN'S SHELTER OF SOUTH TEXAS	Employer identification number 74-1943398
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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	(d) Type of contribution
1	OFFICE OF THE GOVERNOR P.O. BOX 12878 AUSTIN, TX 78711	\$ 678,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	TEXAS HEALTH & HUMAN SERVICE COMM. P.O. BOX 149055 AUSTIN, TX 78714	\$ 1,142,173.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	OFFICE OF THE ATTORNEY GENERAL P.O. BOX 12548 MC027 AUSTIN, TX 78711	\$ 294,735.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	UNITED WAY 4659 EVERHART RD. CORPUS CHRISTI, TX 78411	\$ 187,635.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	COASTAL BEND COMMUNITY FOUNDATION THE 600 BUILDING, SUITE 1716 CORPUS CHRISTI, TX 78473	\$ 87,129.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WOMEN'S SHELTER OF SOUTH TEXAS	Employer identification number 74-1943398
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization WOMEN'S SHELTER OF SOUTH TEXAS	Employer identification number 74-1943398
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

WOMEN'S SHELTER OF SOUTH TEXAS

Employer identification number

74-1943398

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d 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 works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII 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 works of art, 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.

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 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? **Yes** **No**

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, 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? **Yes** **No**
- 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? **Yes** **No**
- 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	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____%
 - b** Permanent endowment _____%
 - 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:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		151,634.		151,634.
b Buildings		2,307,739.	1,478,760.	828,979.
c Leasehold improvements		27,720.	8,316.	19,404.
d Equipment		416,936.	300,754.	116,182.
e Other		90,282.	43,268.	47,014.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,163,213.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(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. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS	4,401.
(2) RIGHT-TO-USE ASSETS UNDER OPERATING LEASES	760,456.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	764,857.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GREAT EXPECTATIONS (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	108,849.			108,849.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	108,849.			108,849.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)				108,849.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	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	<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? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

WOMEN'S SHELTER OF SOUTH TEXAS

Employer identification number

74-1943398

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,069,441.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, 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 V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X

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.

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

Schedule M (Form 990) 2024

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization WOMEN'S SHELTER OF SOUTH TEXAS	Employer identification number 74-1943398
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**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND SEXUAL ASSAULT TO TRANSITION TO A SAFE AND HEALTHY ENVIRONMENT.**

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
ADVOCACY, AND RURAL OUTREACH SERVICES. PREVENTION AND EDUCATION
SERVICES WERE ALSO PROVIDED TO ADDRESS THE OFTEN MULTI-GENERATIONAL
CYCLE OF VIOLENCE WITH A GOAL OF ENDING THE VIOLENCE BEFORE IT EVER
BEGINS. THE AGENCY HAS CONTINUED TO UTILIZE TECHNOLOGY TO SAFELY
PROVIDE SERVICES TO CLIENTS IN ADDITION TO PROVIDING IN-PERSON
SERVICES.**

**IN 2024, THE WOMEN'S SHELTER OF SOUTH TEXAS DBA THE PURPLE DOOR MARKED
46 YEARS OF ONGOING SERVICE TO THE COMMUNITY. THE ORGANIZATION IS THE
ONLY PRIVATE, NON-PROFIT 501(C)(3) ENTITY SPECIFICALLY DESIGNED TO
PROVIDE SERVICES TO VICTIMS OF DOMESTIC AND SEXUAL VIOLENCE ACROSS A
TWELVE-COUNTY SOUTH TEXAS REGION, WHICH INCLUDES ARANSAS, BEE BROOKS,
DUVAL, JIM WELLS, KENEDY, KLEBERG, LIVE OAK, MCMULLEN, NUECES, REFUGIO,
AND SAN PATRICIO COUNTIES.**

**SERVICES: THE FOLLOWING CORE SERVICES PROVIDED THROUGH THE AGENCY'S
SHELTER AND SUPPORTIVE SERVICES PROGRAM ARE ESSENTIAL TO DOMESTIC
VIOLENCE VICTIMS AND THEIR FAMILIES TO FACILITATE THE LONG-TERM CHANGES
NECESSARY TO ACHIEVE AND MAINTAIN INDEPENDENT AND VIOLENCE-FREE LIVES.
THE AGENCY'S PROGRAM IS ONGOING, WITH SHELTER AND CRISIS SERVICES
AVAILABLE 24-HOURS A DAY, 365 DAYS PER YEAR.**

**SHELTER/SAFE HOUSE: THE SHELTER/SAFE HOUSE PROVIDES SAFE REFUGE FOR UP
TO 65 VICTIMS FLEEING ABUSIVE RELATIONSHIPS. A TOLL-FREE, 24-HOUR
CRISIS HOTLINE IS PROVIDED 365 DAYS PER YEAR. SECURITY AND LIMITED
ACCESS TO THE SHELTER FACILITY IS SUPPORTED THROUGH A MONITORING
SYSTEM. FOOD, CLOTHING, AND PERSONAL ITEMS ARE PROVIDED FOR CLIENTS
RECEIVING RESIDENTIAL SERVICES AT THE SHELTER FACILITY, AND
TRANSPORTATION FOR MEDICAL EMERGENCIES AND TO ACCESS COMMUNITY
RESOURCES IS PROVIDED. TRANSPORTATION TO THE SHELTER FOR VICTIMS
FLEEING ABUSE IS PROVIDED FOR PERSONS FROM ALL COUNTIES SERVED.
ADDITIONALLY, THE AGENCY PROVIDES COMPREHENSIVE SUPPORTIVE SERVICES TO
ALL IDENTIFIED ADULT AND CHILD VICTIMS WHO ARE RESIDING IN THE
COMMUNITY THROUGH SERVICES OFFERED IN THE SHELTER FACILITY, THROUGH
FOUR RURAL OUTREACH OFFICES, AND THROUGH ADDITIONAL SITES THAT ARE SAFE
AND CONVENIENT FOR CLIENTS ACROSS THE AGENCY'S SERVICE AREA. THE
PHYSICAL LOCATION OF THE SHELTER FACILITY IN NUECES COUNTY IS
CONFIDENTIAL DUE TO THE SAFETY AND SECURITY CONSIDERATIONS OF THE
CLIENTS SERVED BY THE AGENCY.**

**ADVOCACY SERVICES: UPON ENTRY INTO THE SHELTER, EACH CLIENT IS PROVIDED
SAFETY PLANNING, INFORMATION, AND ASSISTANCE BY AN ADVOCATE WHO
PROVIDES SUPPORT AND MONITORS THEIR PROGRESS TOWARDS GOALS. EACH CLIENT
AND FAMILY HAS AN INDIVIDUALIZED SERVICE PLAN DEVELOPED TO ADDRESS
SPECIFIC NEEDS AND IDENTIFY OPTIONS. STAFF ASSIST EACH CLIENT WITH
RESOURCE REFERRALS, EMPLOYMENT ASSISTANCE, LIFE SKILLS, HOUSING
APPLICATIONS, CHILDCARE, AND FOOD PANTRY. ADVOCACY AND ENCOURAGEMENT
ARE PROVIDED IN A SAFE, SUPPORTIVE ENVIRONMENT THAT INCREASES CLIENTS'
SENSE OF SAFETY AND DECREASES FEELINGS OF ISOLATION.**

**COUNSELING SERVICES: CLIENTS RESIDING AT THE SHELTER AND IN THE
COMMUNITY ARE OFFERED EDUCATIONAL AND SUPPORTIVE COUNSELING SERVICES**

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization WOMEN'S SHELTER OF SOUTH TEXAS	Employer identification number 74-1943398
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PROVIDED TO INDIVIDUALS AND IN A GROUP SETTING. PRIMARY ISSUES ADDRESSED THROUGH COUNSELING INCLUDE SAFETY PLANNING, BUILDING SELF-ESTEEM, THE DYNAMICS OF FAMILY VIOLENCE AND SEXUAL ASSAULT, PROFILES OF BATTERERS, THE CYCLE OF VIOLENCE, AND HEALTHY RELATIONSHIPS. COUNSELING IS AVAILABLE SIX DAYS PER WEEK AT A TIME CONVENIENT TO CLIENTS RESIDENTIAL AND NON-RESIDENTIAL, INCLUDING AFTER-SCHOOL AND SATURDAY APPOINTMENTS FOR CHILDREN, WITH SUPPORT GROUPS FOR ADULTS DURING WEEKDAYS, IN THE EVENINGS, AND ON SATURDAYS. LEGAL ADVOCACY SERVICES: A LEGAL NEEDS ASSESSMENT IS CONDUCTED FOR ALL CLIENTS TO DETERMINE ANY ISSUES REGARDING THE CRIMINAL OR CIVIL LEGAL SYSTEM THAT NEED TO BE ADDRESSED. CLIENTS ARE PROVIDED INFORMATION REGARDING THE CRIMINAL JUSTICE SYSTEM, INFORMATION ON THEIR RIGHTS AND OPTIONS, ASSISTANCE IN FILING FOR PROTECTIVE ORDERS AND OBTAINING LEGAL AID, ASSISTANCE IN FILING FOR CRIME VICTIMS' COMPENSATION BENEFITS, AND ARE ACCOMPANIED TO COURT AND TO THE POLICE DEPARTMENT IN THEIR PURSUIT OF THESE OPTIONS.

YOUTH SERVICES: SUPPORT AND COMPREHENSIVE SERVICES TO CHILD VICTIMS INCLUDING COUNSELING, MENTORING FOR SCHOOL SUCCESS, FAMILY INTERACTION ACTIVITIES, AGE-APPROPRIATE SOCIAL/RECREATIONAL ACTIVITIES, AND SUMMER ACTIVITIES. SERVICES ARE AVAILABLE TO YOUTH RESIDING IN THE SHELTER AND IN THE COMMUNITY. FOR CHILDREN RESIDING IN THE SHELTER, ONGOING SERVICES ARE ENCOURAGED AFTER THE FAMILY TRANSITIONS TO AN ALTERNATE LIVING ENVIRONMENT. THE PROGRAM EMPHASIZES CONTINUITY OF HEALTH, SAFETY, AND EDUCATION AS FAMILIES FACE THE TRAUMA OF ABUSE AND RE-LOCATION ISSUES. COUNSELING STAFF AND EXPERIENCED PROGRAM STAFF PROVIDE SERVICES TO CHILDREN AND PARENTS TO HELP ENSURE SCHOOL ATTENDANCE AND SUCCESS AND PROVIDE REFERRALS AND TRANSPORTATION TO ADDRESS INDIVIDUAL HEALTH AND WELLNESS NEEDS.

SEXUAL ASSAULT SERVICES: AGENCY STAFF AND TRAINED VOLUNTEERS RESPOND TO THE REGIONAL RAPE TRAUMA CENTER 24-HOURS A DAY TO PROVIDE SUPPORT TO RAPE VICTIMS AND THEIR FAMILIES FOLLOWING A SEXUAL ASSAULT. INFORMATION REGARDING AGENCY SERVICES, CRIME VICTIMS' RIGHTS, AND COUNSELING IS PROVIDED. FOLLOW-UP IS CONDUCTED FOR ALL VICTIMS REQUESTING AGENCY SUPPORT. INDIVIDUAL AND GROUP COUNSELING IS CONDUCTED TO ADDRESS THE IMMEDIATE AND LONG-TERM EFFECTS OF THE ASSAULT ON THE VICTIM AND THE FAMILY. FAMILY MEMBERS MAY ALSO RECEIVE COUNSELING SERVICES TO ADDRESS THEIR INDIVIDUAL ISSUES AND CONCERNS.

RURAL OUTREACH SERVICES: RURAL OUTREACH SERVICES ARE PROVIDED IN ELEVEN RURAL COUNTIES AND IN RURAL NUECES COUNTY INCLUDING SAFETY PLANNING, COUNSELING, INFORMATION AND REFERRAL, COMMUNITY EDUCATION, EMERGENCY SHELTER TRANSPORTATION, AND LEGAL ADVOCACY THROUGH OUTREACH OFFICES LOCATED IN BEE COUNTY (BEEVILLE), SAN PATRICIO COUNTY (SINTON), KLEBERG COUNTY (KINGSVILLE), AND JIM WELLS COUNTY (ALICE). ADVOCATES TRAVEL TO ALL COUNTIES IN THE SERVICE AREA TO PROVIDE SUPPORT TO VICTIMS AT LOCATIONS CONVENIENT AND SAFE FOR EACH INDIVIDUAL AND FAMILY.

TRANSPORTATION TO THE SHELTER/SAFE HOUSE FOR PERSONS FLEEING ABUSE IS PROVIDED OR ARRANGED FOR VICTIMS FROM ALL TWELVE COUNTIES SERVED. THE AGENCY COORDINATES WITH LAW ENFORCEMENT FOR ALL AREAS TO ENSURE SAFE PASSAGE TO THE SHELTER FOR VICTIMS.

COMMUNITY EDUCATION: PREVENTION AND EDUCATION ARE KEY COMPONENTS OF THE DOMESTIC VIOLENCE PROGRAM. THE PURPLE DOOR HAS A TEAM OF COMMUNITY EDUCATORS, HALF FOR DOMESTIC VIOLENCE AND HALF FOR SEXUAL VIOLENCE, WHO PROVIDE PROFESSIONAL AND COMMUNITY TRAINING FOR AUDIENCES OF ALL TYPES AND AGES ADDRESSING THE DYNAMICS OF FAMILY VIOLENCE, SEXUAL ASSAULT, AND VIOLENCE-PREVENTION INITIATIVES WITH A SPECIFIC CURRICULUM FOCUSED ON YOUTH. THE PROGRAM WAS DEVELOPED TO SUPPORT INITIATIVES OF THE

Name of the organization WOMEN'S SHELTER OF SOUTH TEXAS	Employer identification number 74-1943398
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OFFICE OF THE ATTORNEY GENERAL AND RESEARCH BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION WITH THE GOAL OF ADDRESSING VIOLENCE BEFORE IT OCCURS RATHER THAN AFTER THE VIOLENCE HAS BEEN PERPETRATED. COMMUNITY EDUCATION IS A LONG-TERM AND CONTINUING PROCESS AS THE CULTURAL NORMS THAT MUST BE CHANGED TO ACHIEVE AND SUSTAIN A VIOLENCE-FREE COMMUNITY ARE ONLY MODIFIED OVER TIME AND WITH REPEATED EXPOSURE TO PREVENTION EDUCATION AND REINFORCEMENT FROM THE COMMUNITY.

THE WOMEN'S SHELTER OF SOUTH TEXAS DBA THE PURPLE DOOR RECOGNIZES THE VITAL ROLE OF ALL CITIZENS AND ORGANIZATIONS IN ADDRESSING DOMESTIC AND SEXUAL VIOLENCE IN OUR COMMUNITIES, AND IN DEVELOPING COMMUNITY-SPECIFIC PREVENTION STRATEGIES THAT WORK TOWARDS ENDING THE VIOLENCE BEFORE IT EVER BEGINS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
SUPPORTIVE INTERVENTION SERVICES TO VICTIMS WHILE PIVOTING TOWARDS THE ENGAGEMENT OF EACH COMMUNITY SERVED THROUGH INTENSIVE PREVENTION AND EDUCATION STRATEGIES TO STOP THE VIOLENCE BEFORE IT EVEN OCCURS. AGENCY SERVICES ADDRESS INCIDENTS OF SEXUAL VIOLENCE, SEXUAL VIOLENCE THAT OCCURS AS PART OF DOMESTIC VIOLENCE, AND OFFENDER ACCOUNTABILITY. THE SEXUAL ASSAULT SERVICES COORDINATOR AND TRAINED VOLUNTEERS RESPOND TO THE REGIONAL RAPE TRAUMA CENTER AND EMERGENCY ROOMS ACROSS THE TWELVE-COUNTY SERVICE AREA 24 HOURS A DAY, 365 DAYS PER YEAR TO PROVIDE SUPPORT TO RAPE VICTIMS AND THEIR FAMILIES FOLLOWING A SEXUAL ASSAULT. INFORMATION REGARDING AGENCY SERVICES, CRIME VICTIMS' RIGHTS, AND COUNSELING IS PROVIDED. FOLLOW-UP IS CONDUCTED FOR ALL VICTIMS REQUESTING AGENCY SUPPORT. INDIVIDUAL AND GROUP COUNSELING IS CONDUCTED TO ADDRESS THE IMMEDIATE AND LONG-TERM EFFECTS OF THE ASSAULT ON THE VICTIM AND THE FAMILY. FAMILY MEMBERS, INCLUDING CHILDREN, MAY ALSO RECEIVE COUNSELING SERVICES TO ADDRESS THEIR INDIVIDUAL ISSUES AND CONCERNS.

- VICTIMS ARE ABLE TO ACCESS:
- TOLL-FREE 24-HOUR CRISIS HOTLINE
 - 65-BED SHELTER/SAFE HOUSE OPERATED 365-DAYS PER YEAR PROVIDING BASIC NEEDS (FOOD, CLOTHING, COUNSELING, SUPPORT SERVICE, SHELTER)
 - YOUTH SERVICES: COUNSELING, MENTORING FOR SCHOOL SUCCESS, ACTIVITY GROUPS, SAFETY PLANNING, AND SUMMER ACTIVITIES DESIGNED TO SUPPORT AND EDUCATE PRIMARY AND SECONDARY CHILD VICTIMS
 - COUNSELING SERVICES: INDIVIDUAL AND GROUP COUNSELING FOR ADULTS AND AGE-APPROPRIATE COUNSELING FOR CHILDREN
 - LEGAL ADVOCACY: ASSISTANCE WITH PROTECTIVE ORDER APPLICATION, ACCOMPANIMENT TO POLICE/SHERIFF DEPARTMENTS AND COURT PROCEEDINGS, AND ASSISTANCE FILING CRIME VICTIM COMPENSATION CLAIMS
 - ADVOCACY: SERVICES TO OBTAIN COMMUNITY RESOURCES SUCH AS AFFORDABLE HOUSING, CHILDCARE, EMPLOYMENT, MEDICAL CARE FOR THE ADULT AND CHILD, AND EDUCATION.

PREVENTION AND EDUCATION ARE KEY COMPONENTS OF THE SEXUAL ASSAULT PROGRAM. THE PURPLE DOOR HAS A TEAM OF COMMUNITY EDUCATORS, HALF FOR DOMESTIC VIOLENCE AND HALF FOR SEXUAL VIOLENCE, WHO PROVIDE PROFESSIONAL AND COMMUNITY TRAINING FOR AUDIENCES OF ALL TYPES AND AGES ADDRESSING THE DYNAMICS OF FAMILY VIOLENCE, SEXUAL ASSAULT, AND VIOLENCE-PREVENTION INITIATIVES WITH A SPECIFIC CURRICULUM FOCUSED ON YOUTH. THE PROGRAM WAS DEVELOPED TO SUPPORT INITIATIVES OF THE OFFICE OF THE ATTORNEY GENERAL AND RESEARCH BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION WITH THE GOAL OF ADDRESSING VIOLENCE BEFORE IT OCCURS RATHER THAN AFTER THE VIOLENCE HAS BEEN PERPETRATED. COMMUNITY EDUCATION IS A LONG-TERM AND CONTINUING PROCESS AS THE CULTURAL NORMS

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THAT MUST BE CHANGED IN ORDER TO ACHIEVE AND SUSTAIN A VIOLENCE-FREE COMMUNITY ARE ONLY MODIFIED OVER TIME AND WITH REPEATED EXPOSURE TO PREVENTION EDUCATION AND REINFORCEMENT FROM THE COMMUNITY. THE WOMEN'S SHELTER OF SOUTH TEXAS DBA THE PURPLE DOOR RECOGNIZES THE VITAL ROLE OF ALL CITIZENS AND ORGANIZATIONS IN ADDRESSING DOMESTIC AND SEXUAL VIOLENCE IN OUR COMMUNITIES, AND IN DEVELOPING COMMUNITY-SPECIFIC PREVENTION STRATEGIES THAT WORK TOWARDS ENDING THE VIOLENCE BEFORE IT EVER BEGINS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: DOOR'S MISSION TO EMPOWER THE COMMUNITY AND THOSE AFFECTED BY DOMESTIC VIOLENCE AND SEXUAL ASSAULT TO TRANSITION TO A SAFE AND HEALTHY ENVIRONMENT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER PROGRAMS EXPENSES \$ 5,249. INCLUDING GRANTS OF \$ 0. REVENUE \$ 8,379.

FORM 990, PART VI, SECTION B, LINE 11B: ORGANIZATION'S PROCESS TO REVIEW FORM 990 A COPY OF FORM 990 IS EMAILED TO BOARD MEMBERS FOR REVIEW BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ENFORCEMENT OF CONFLICTS POLICY MANAGEMENT MONITORS POTENTIAL CONFLICT AREAS AND ENSURES THAT ALL INDIVIDUALS UNDERSTAND CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION PROCESS FOR TOP OFFICIAL BOARD ANNUALLY REVIEWS PERFORMANCE OF PRESIDENT & CEO, COMPARES STATISTICAL DATA, AND SUBMITS EVALUATION REPORT FOR PERSONNEL RECORDS.

COMPENSATION PROCESS FOR OFFICERS PRESIDENT & CEO ANNUAL REVIEWS PERFORMANCE OF KEY EMPLOYEES, COMPARES STATISTICAL DATA, AND SUBMITS EVALUATION REPORT FOR PERSONNEL RECORDS.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MAINTAINED BY THE CEO OF THE WOMEN'S SHELTER. DOCUMENTS REQUIRED BY LAW TO BE MADE AVAILABLE TO THE PUBLIC ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: ROUNDING 2.