Form	99	0
Form	33	U

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Open to Public

OMB No. 1545-0047 2023

Inter	nal Rev	enue Service	Go to www.irs.gov/Form990 for instructions and the latest info	ormation.	Inspection
Α	For t	he 2023 calen	dar year, or tax year beginning , 2023, and ending	g	, 20
В	Check	if applicable:	C	D Employer	identification number
		ddress change	Resonance Center for Women, Inc.	73-10	023752
		-	1608 S Elwood Avenue	E Telephone	
	_	ame change	Tulsa, OK 74119		
	In	itial return	1415a, OK (411)	918-5	587-3888
	Fir	nal return/terminated			
	A	mended return		G Gross rece	eipts \$ 2,426,714.
	A	oplication pending	F Name and address of principal officer: Katie Gill Miller	H(a) Is this a group return f	
			Same As C Above	H(b) Are all subordinates in If "No," attach a list. S	
-	Тах	exempt status:	X 501(c)(3) 501(c) (insert no.) 4947(a)(1) or 527	If "No," attach a list. S	ee instructions.
÷					
<u> </u>				H(c) Group exemption numl	
ĸ		n of organization:	X Corporation Trust Association Other L Year of formation	on: 1977 M Stat	te of legal domicile: OK
Pa	art I	Summar	у		
	1	Briefly descri	be the organization's mission or most significant activities: To promote	e self-suffici	iency and
đ			ng of women and families involved with the cri		
ũ					
'na					
Governance	2	Check this bo	if the organization discontinued its operations or disposed of mo	re than 25% of its ne	et assets.
පි	3		ting members of the governing body (Part VI, line 1a)		3 20
Activities &	4		dependent voting members of the governing body (Part VI, line 1b)		4 20
ies	5		of individuals employed in calendar year 2023 (Part V, line 2a)		5 49
zit	6		of volunteers (estimate if necessary)		6 35
loti	- 7a		ed business revenue from Part VIII, column (C), line 12		7a 0.
4			business taxable income from Form 990-T, Part I, line 11		7b 0.
				Prior Year	Current Year
	0	Contributions	and grants (Part VIII, line 1h)		
e	8				
en	9		rice revenue (Part VIII, line 2g)		
Revenue	10		icome (Part VIII, column (A), lines 3, 4, and 7d)		
ш	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12		e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6. 2,210,889.
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		
	15	Salaries, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)	1,297,63	8. 1,483,261.
ses	162	Professional	fundraising fees (Part IX, column (A), line 11e)		
eñ					
Expenses			sing expenses (Part IX, column (D), line 25) 199,861.		
	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		0. 662,126.
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,866,88	8. 2,145,387.
	19	Revenue less	expenses. Subtract line 18 from line 12	508,18	8. 65,502.
<u>ہ د</u>				Beginning of Current Y	
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)		
Bal	21		s (Part X, line 26)	127,90	4. 216,961.
nd E	22	Not occoto or	fund halanaaa Subtraat lina 21 from lina 20		
-			fund balances. Subtract line 21 from line 20	2,734,03	1. 2,942,568.
Pa	art II	Signatur	e Block		
Unde	er penal	ties of perjury, I de	clare that I have examined this return, including accompanying schedules and statements, and to t rer (other than officer) is based on all information of which preparer has any knowledge.	he best of my knowledge an	nd belief, it is true, correct, and
COIII	piele. D			r	
Sig	ŋn	Signature of	officer	Date	
He	re	Katie	Gill Miller E	xecutive Dir.	
			name and title		
		Print/Type p	reparer's name Preparer's signature Date	Check	if PTIN
-					
Pa		-	D. Gilpin	self-employed	P01404750
Pre	epar	Firm's name			
US	e Or	Firm's addre	ess <u>2738 E. 51st Street, Ste 370</u>	Firm's EIN	27-1439588
			Tulsa, OK 74105	Phone no.	(918) 749-0921

May the IRS discuss this return with the preparer shown above? See instructions Х Yes Form 990 (2023)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

No

Form	n 990 (2023) Resonance Center for Women, Inc.	73-1023752	Page 2
Par			V
1	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	Χ
1	Resonance Center for Women, Inc. promotes and supports the well-	being and	
	self-sufficiency of women and their families involved with the c		 ~e
	system.		
2	Did the organization undertake any significant program services during the year which were not listed on the pr	ior	_
	Form 990 or 990-EZ?	Yes	s X No
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program se		
э	If "Yes," describe these changes on Schedule O.	ervices? Ye	s X No
4	Describe the organization's program service accomplishments for each of its three largest program ser	vices, as measured b	v expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocatio and revenue, if any, for each program service reported.	ns to others, the total	expenses,
	and revenue, it any, for each program service reported.		
4 a	a (Code:) (Expenses \$ 902,624. including grants of \$) (Revenue \$ 4	87,083.)
	Reentry Program		<u>, , , , , , , , , , , , , , , , , , , </u>
	<u></u>		
	Resonance helps women successfully reintegrate back into the com	munity upon re	elease
	from prison. Resonance case managers work with women at Eddie W		
	Facility, David L. Moss Criminal Justice Center, and Mabel Basse		
	Center. Resonance provides substance abuse treatment and/or ree		<u> </u>
	assisting women in developing a reentry plan, finding employment		
	housing. As part of its Reentry Program, Resonance also coordina		
	program. The program offers mentees a variety of benefits includ positive role models, lifelong connections and healthy recreation		
	positive fore models, fifelong connections and hearthy recreation		<u></u>
4b	cCode:) (Expenses \$ 484,947. including grants of \$) (Revenue \$ 3	41,803.)
	Take 2 Cafe is a social enterprise providing transitional employ		
	Resonance clients.		
4c		Revenue \$ <u>3</u>	62,048.)
	Addiction Recovery and Diversion Services		
	Decompose is a condem enceific substance abuse and mental basilth		
	Resonance is a gender-specific substance abuse and mental health Many women are referred to Resonance for comprehensive substance		
	lieu_of_incarceration Treatment_ranges_from_90_days_to_three_y	abuse treating	which
	time_clients_live_and_work_in_the_community, caring for their_ch	ildren and le	arning
	to cope with everyday life stressors throughout their recovery j	ournev.	
		4	
.	A Other program convises (Describe on Schedule O) $C_{2} = 0 + 1 + 1 + 0$		
4d	d Other program services (Describe on Schedule O.)See Schedule O(Expenses \$ 5,473. including grants of \$) (Revenue \$	0 110	
4e	e Total program service expenses 1,874,234.	9,110	
BAA		Fo	rm 990 (2023)

Form 990 (2023) Resonance Center for Women, Inc.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	NO
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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.	4		Х
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		Х
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.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		Х
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		Х
С	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.	11c		Х
d	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	Х	
е	e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f	Х	
12a	a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	• Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		Х
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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21		Х

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Form 990 (2023)

BAA

Form 990 (2023) Resonance Center for Women, Inc. 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	22	Yes	No X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
	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? <i>If "Yes," complete Schedule L, Part III.</i>	27		Х
	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
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	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
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? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
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.	38	Х	
Par	t 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			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a15Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1-	v	
BAA	(gambling) winnings to prize winners?	1c	X	(2022)
DAA		FUH		(2023)

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Form	990 (2023) Resonance Center for Women, Inc. 73-10237	52	F	Page 5
Parl	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 2a 4		Х	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Λ	37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country	_		
F -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F -		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50 50		Λ
	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?	- 5c 6a		x
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
a	services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	70		х
Ь	Form 8282?	7c		Λ
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
g	as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	711		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	_		
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	150		
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	-		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	-		
	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.	15		X
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.	16		Х
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?	17		
	If "Yes," complete Form 6069.			

Form	990 (2023) Resonance Center for Women, Inc. 73-1023752		F	Page 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b b a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or char Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.	nges	on	
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.1a20If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.1a20			
	Enter the number of voting members included on line 1a, above, who are independent 1b 20 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? 20	2		X
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
5 6 7a	since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	4 5 6		X X X
	members of the governing body? . See. Schedule. O	7a	Х	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	7b		Х
	the following: The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	NODI		ada)
		eveni		
		event	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		
b	Did the organization have local chapters, branches, or affiliates? 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?	10a 10b	Yes	No
b 11a	Did the organization have local chapters, branches, or affiliates? 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?	10a		No
b 11a	Did the organization have local chapters, branches, or affiliates? 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?	10a 10b	Yes	No
b 11a b 12a	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> .	10a 10b	Yes	No
b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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?	10a 10b 11a	Yes	No
b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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?	10a 10b 11a 12a 12b 12c	Yes X X X X	No
b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on</i> <i>Schedule O how this was done</i> SeeSchedule .Q Did the organization have a written whistleblower policy?	10a 10b 11a 12a 12b 12c 13	Yes X X X X X X	No
b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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?	10a 10b 11a 12a 12b 12c	Yes X X X X	No
b 11a b 12a c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on</i> <i>Schedule O how this was done</i> SeeSchedule .Q Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? 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?	10a 10b 11a 12a 12b 12c 13 14	Yes X X X X X X X	No
b 11a b 12a c 13 14 15 a	Did the organization have local chapters, branches, or affiliates? 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?	10a 10b 11a 12a 12b 12c 13 14 15a	Yes X X X X X X X X	No
b 11a b 12a c 13 14 15 a	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on</i> <i>Schedule O how this was done</i> SeeSchedule .Q Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? 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?	10a 10b 11a 12a 12b 12c 13 14	Yes X X X X X X X	No
b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on</i> <i>Schedule O how this was done</i> SeeSchedule.O Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official See . Schedule.O. Other officers or key employees of the organization.	10a 10b 11a 12a 12b 12c 13 14 15a	Yes X X X X X X X X	No
b 11a b 12a b c 13 14 15 a b 16a b	Did the organization have local chapters, branches, or affiliates?. 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on</i> <i>Schedule O how this was done</i> See. Schedule O Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management officialSee .Schedule .O. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?. 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?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes X X X X X X X X	
b 11a b 12a b c 13 14 15 a b 16a b <u>Sec</u>	Did the organization have local chapters, branches, or affiliates?. If "Ves," 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on</i> <i>Schedule O how this was done</i> See .Schedule Q Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization 's CEO, Executive Director, or top management official See Schedule .O Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?. 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? tion C. Disclosure	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes X X X X X X X X	
b 11a b 12a b c 13 14 15 a b 16a b <u>Sec</u>	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b	Yes X X X X X X X X X X X X X X X X X X X	
b 11a b 12a b c 13 14 15 a b 16a b <u>Sec</u>	Did the organization have local chapters, branches, or affiliates?. If "Ves," 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on</i> <i>Schedule O how this was done</i> See .Schedule Q Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization 's CEO, Executive Director, or top management official See Schedule .O Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?. 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? tion C. Disclosure	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b	Yes X X X X X X X X X X X X X X X X X X X	

20 State the name, address, and telephone number of the person who possesses the organization's books and records. Katie Gill Miller 1608 S. Elwood Ave Tulsa OK 74119 918-587-3888

Form 990 (2023) Resonance Center for Women, Inc.	73-1023752	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Co Independent Contractors	ompensated Employe	es, and
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	l Employees	
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with organization's tax year.	n or within the	

• 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.

				(C)						
(A) Name and title	(B) Average hours	box, offic	not che unless er and	s pers a dir	nore son i	than on s both a r/trustee	an a)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related
	related organiza-	lual t	tiona	7	oldu	st co yee	-			organizations
	tions below	rust	al tru		уее	mpe				
	dotted line)	ee	stee			nsate				
(1) Katie Gill Miller	40					<u>a</u>				
Executive Dir.	0			Х				124,110.	0.	5,702.
(2) Keri Gross	1									
Director	0	Х						0.	0.	0.
(3) Kimberly Joyce	1									
President	0	Х		Х				0.	0.	0.
(4) Dr. Erica Kumar	1									
Director	0	Х						0.	0.	0.
(5) Victoria Hui Holloman	1							_		_
Director	0	Х						0.	0.	0.
<u>(6) Nicole Nascenzi</u>	1							_		_
President Elect	0	Х		Х				0.	0.	0.
_(7) Lisa_S. Muller, Ed. D	1									_
Director	0	Х						0.	0.	0.
(8) Gloria McCarter	1									_
Director	0	Х						0.	0.	0.
(9) Stephanie Regan	1									_
Past President	0	Х		Х				0.	0.	0.
(10) John Nobles	1									
Secretary	0	Х		Х				0.	0.	0.
(11) Amy Absher	1							0	0	0
Director	0	Х						0.	0.	0.
(12) Jourdan Srouji	1							0	0	0
Director	0	Х						0.	0.	0.
(13) Caroline Wall	1							0	0	0
Director	0	Х						0.	0.	0.
(14) Bob Curry	1	37						~	~	0
Director	0	Х						0.	0.	0.
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Far	t VII Section A. Officers, Directors, Tru	ISIEES,	Ney	Em		C)	es, a	and	a nighest con		Oyees (continuea)
	(A) Name and title	(B) Average hours per week (list any hours for related organiza- tions below dotted line)	box,	not che unless er and	a di	nore son is rector	s both r/truste	an ee)	(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
(15)	Vance Victor	1					Seedle				
(16)	Treasurer Crystal Holder	0	Х		Х				0.	0.	0.
<u>(!)</u>	Director	0	Х						0.	0.	0.
	Danny Williams, Sr Director	<u>1</u> 0	X						0.	0.	0.
(18)	Elena Phan	1							0	0	0
(19)	Director Kristopher Dobbins	0	Х						0.	0.	0.
(13)	Director	0	Х						0.	0.	0.
(20)	Arna Erazo Director	<u>1</u>	X						0.	0.	0.
(21)											
(22)											
(23)											
(24)											
(25)											
1b	Subtotal								124,110.	0.	5,702.
С	Total from continuation sheets to Part VII, Section	on A							0.	0.	0.
	Total (add lines 1b and 1c)								,	0.	5,702.
2	Total number of individuals (including but not limited from the organization 1	to those I	isted	abov	e)	vho i	receiv	ved	more than \$100,00	0 of reportable comp	Yes No
3	Did the organization list any former officer, direc on line 1a? If "Yes, "complete Schedule J for suc	tor, truste h individu	ee, ke al	ey en	nplo	oyee	, or l	high	nest compensated	employee	
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual.	reportab r than \$1	le co 50,00	mper 00? /	nsai f "Y	tion ′ <i>es,</i>	and " <i>con</i>	oth nple	er compensation ete Schedule J for	from	. 4 X
5	Did any person listed on line 1a receive or accrude for services rendered to the organization? If "Yes	e comper s," compl	isatio e <i>te S</i>	n fro <i>ched</i>	m a lule	any <i>J fc</i>	unre or suc	late ch p	d organization or	individual	
	ion B. Independent Contractors										
I	Complete this table for your five highest compen- compensation from the organization. Report compen	sated ind sation for	epen the c	dent alend	cor lar y	ntrac /ear	ctors endir	tha าg v	t received more the vith or within the or	1an \$100,000 of ganization's tax year	
	(A) Name and business add	ress							(B) Description of	of services	(C) Compensation
	Total number of independent contractors (including b	ut not line	itod t	o that		ictor	laha	(0)	who received mare	than	
2	Total number of independent contractors (including b \$100,000 of compensation from the organization	out not iim 0	แอน ได		se il	เรเยน		ve)		uiali	

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Form 990 (2023) Resonance Center for Women, Inc. Part VIII Statement of Revenue

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Par	t V	III Statement of Revenue						
		Check if Schedule O contains	a res	ponse or note to an	y line in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts,	1a	Federated campaigns	1a			Tovondo		012 011
Contributions, Gifts, Grants, and Other Similar Amounts	D C	Membership dues	1b 1c	169,730.				
iffis, ar A	d	Related organizations	1d	105,750.				
s, G	е	Government grants (contributions)	1e					
Contributions, Gifts, and Other Similar A	t	All other contributions, gifts, grants, and similar amounts not included above	1f	981,213.				
d H	g	Noncash contributions included in lines 1a-1f.	1g	17,653.				
	h	Total. Add lines 1a-1f		· · · · · · · · · · · · · · · · · · ·	1,150,943.			
one	-			Business Code				
Program Service Revenue		<u>Fees & Contracts Gov Agen</u>			849,131.	849,131.		
e B	D C	Program Fees		900099	9,110.	9,110.		
ervic	d	· 						
S E	е	,						
ogra	f	All other program service revenu	е					
Å	g	Total. Add lines 2a-2f			858,241.			
	3	Investment income (including divide other similar amounts)	ends,	interest, and	6,935.			6,935.
	4	Income from investment of tax-e			0,933.			0,933.
	5	Royalties		· · · · · · · · · · · · · · · · · · ·				
		(i) R	eal	(ii) Personal				
		Gross rents 6a						
		 Less: rental expenses Rental income or (loss) 6c 						
				 				
		Gross amount from		(ii) Other				
	74	sales of assets						
	b	Less: cost or other basis						
		and sales expenses 7b						
		: Gain or (loss) 7c						
	-	5 ()	· · · · ·	·····				
nue	8a	Gross income from fundraising events (not including \$ 169,730).					
evel		of contributions reported on line 1c).						
Ť		See Part IV, line 18		a 14,428.				
Other Revenue		Less: direct expenses	-	b 63,142.				
Ò		Net income or (loss) from fundra	ising	events	-48,714.			-48,714.
	9a	Gross income from gaming activities. See Part IV, line 19.	g	a				
	b	Less: direct expenses		b				
	с	: Net income or (loss) from gamine	g acti	vities				
	10a	Gross sales of inventory, less						
	h	returns and allowances		Da <u>341,803.</u> Db 152 683				
		Net income or (loss) from sales (102/000.	189,120.	189,120.		
S	Ľ			Business Code	100/120.	100,120.		
Miscellaneous Revenue	11a	<u>Other income</u>			54,364.	54,364.		
scellaneo Revenue	b)						
e Sel	C اہر							
Ξ	- u	I All other revenue Total. Add lines 11a-11d		L	51 261			
	-	Total revenue. See instructions.			54,364. 2,210,889.	1,101,725.	0.	-41,779.
					2,210,00J.	1/101,12J.	υ.	<u> </u>

	Check if Schedule O contains a re				
Do not include 6b, 7b, 8b, 9b,	e amounts reported on lines and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
organizat	nd other assistance to domestic ions and domestic governments. IV, line 21				
grants ar	nd other assistance to domestic Is. See Part IV, line 22				
organizati	nd other assistance to foreign ons, foreign governments, and for- <i>r</i> iduals. See Part IV, lines 15 and 16				
4 Benefits	paid to or for members				
trustees,	ation of current officers, directors, and key employees	129,812.	116,687.	4,137.	8,988
disqualified section 4	sation not included above to ed persons (as defined under 958(f)(1)) and persons described n 4958(c)(3)(B)	0.	0.	0.	0
	aries and wages	1,151,485.	1,035,061.	36,701.	79,723
8 Pension (include s	plan accruals and contributions section 401(k) and 403(b) contributions)	1,151,405.	1,055,001.		13,123
9 Other em	ployee benefits	91,481.	76,741.	4,931.	9,809
10 Payroll ta	axes	110,483.	99,101.	3,972.	7,410
11 Fees for	services (nonemployees):	,		- ,	.,-20
a Managen	nent				
b Legal					
c Accountir	ng				
d Lobbying					
	I fundraising services. See Part IV, line 17				
	nt management fees				
g Other. (If lir	ne 11g amount exceeds 10% of line 25, column	110.004	100.001	1 100	E 0.65
	t, list line 11g expenses on Schedule 0.)	113,064.	103,391.	4,406.	5,267
	ng and promotion	52,965.	3,176.	250.	49,539
	on technology				
-		005 500	100.005	5 620	0.000
	cy	205,503.	190,265.	5,638.	9,600
expenses	s of travel or entertainment for any federal, state, or local icials				
	ces, conventions, and meetings				
20 Interest .	••••••				
-	s to affiliates				
22 Deprecia	tion, depletion, and amortization	53,310.	46,418.	2,506.	4,386
	e	6,990.	5,452.	559.	979
covered a on line 24 of line 25.	benses. Itemize expenses not bove. (List miscellaneous expenses e. If line 24e amount exceeds 10% column (A), amount, list line 24e s on Schedule O.)				
a Suppl:	ies_and_Postage	64,376.	62,681.	725.	970
	and Travel	46,679.	41,587.	2,664.	2,428
c Equip		45,215.	37,703.	901.	6,611
	<u>c Assistance</u>	24,957.	24,957.		
	expenses	49,067.	31,014.	3,902.	14,151
25 Total funct	ional expenses. Add lines 1 through 24e	2,145,387.	1,874,234.	71,292.	199,861
26 Joint cos the organ joint cost campaign Check he	ts. Complete this line only if nization reported in column (B) s from a combined educational n and fundraising solicitation.				
SOP 98-2	2 (ASC 958-720)				

Form 990 (2023) Resonance Center for Women, Inc. 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).

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Form 990 (2023) Resonance Center for Women, Inc. Part X Balance Sheet

Pa	irt 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
	1	Cash – non-interest-bearing	1,783,129.	1	1,814,647
	2	Savings and temporary cash investments.	, ,	2	, ,
	3	Pledges and grants receivable, net.	115,190.	3	125,382
	4	Accounts receivable, net	67,529.	4	79,080
	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			
	Ŭ	section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net.		7	
s	8	Inventories for sale or use.	5,985.	8	4,880
Assets	9	Prepaid expenses and deferred charges.	34,385.	9	37,166
Asi	-		54,305.	5	57,100
ŗ.		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D10a1,212,626.			
		Less: accumulated depreciation 10b 1,013,394.	177,006.	10c	199,232
	11	Investments – publicly traded securities.	446,596.	11	566,587
	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	232,115.	15	332,555
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,861,935.	16	3,159,529
	17	Accounts payable and accrued expenses	118,902.	17	162,775
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
les	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	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		23	
	23 24	Unsecured notes and loans payable to unrelated third parties		23	
	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.	9,002.	25	54,186
	26	Total liabilities. Add lines 17 through 25.	127,904.	26	216,961
ces		Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.	127,504.		210,501
an	27	Net assets without donor restrictions	1,979,256.	27	2,412,351
Ба	28	Net assets with donor restrictions	754,775.	28	530,217
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	1017710.		3307217
5	29	Capital stock or trust principal, or current funds		29	
2	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
se	30	Retained earnings, endowment, accumulated income, or other funds		31	
As	32	Total net assets or fund balances	2 721 021	32	2 012 560
Vet	32 33	Total liabilities and net assets/fund balances.	2,734,031. 2,861,935.	33	2,942,568
Æ BA		Total habilities and het assets/jund balances.	2,001,933.	55	3,159,529 Form 990 (2023

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		10237	52	Pa	age 12
	t 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	2,2	210,8	889.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,1	.45,3	387.
3	Revenue less expenses. Subtract line 2 from line 1	3		65,	502.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,7	34,0	031.
5	Net unrealized gains (losses) on investments	5	1	.43,0	035.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,9	942,	568.
Par	t XII Financial Statements and Reporting	• •			
	Check if Schedule O contains a response or note to any line in this Part XII				🗖
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both.	ved on a			
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both. X Separate basis Consolidated basis Both consolidated and separate basis	ate			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant?	t,	2c	Х	
	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 Guidance, 2 C.F.R. Part 200, Subpart F?	Uniform	າ 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required au or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
BAA	TEEA0112L 08/23/23		Forr	n 990	(2023)

SCHEDULE A
(Form 990)

Total

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 000 or Form 000 F7

OMB No. 1545-0047	
2023	

Department of the Treasury Internal Revenue Service			o to www.irs.gov/For	Open to Public Inspection						
Name of the organization							Employer identific	ation number		
Res	onance Cent	er for Won	men, Inc.				2			
Par	t I Reason fo	r Public Cha	arity Status. (All o	organizations must	compl	ete this	s part.) See instruc	ctions.		
The c	organization is not	a private found	dation because it is: (For lines 1 through 12,	check o	nly one	box.)			
1				hurches described in sec		b)(1)(A)(i).			
2				tach Schedule E (Form						
3										
4	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, sta	te, or local gov	ernment or governme	ental unit described in s	section 1	1 70(b)(1)	(A)(∨).			
7	X An organizatio	n that normally i 0(b)(1)(A)(vi).(receives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general pu	blic described		
8	A community	trust described	l in section 170(b)(1)(A)(vi). (Complete Part	II.)					
9				ction 170(b)(1)(A)(ix) oper e (see instructions). Ente						
10	investment in	come and unre	y receives (1) more the exempt functions, sub lated business taxable 509(a)(2). (Complete f	han 33-1/3% of its suppoject to certain exception income (less section Part III.)	port from ons; and 511 tax)	n contrib (2) no r) from b	outions, membership fe nore than 33-1/3% of i usinesses acquired by	es, and gross receipts ts support from gross the organization after		
11	An organizati	on organized a	nd operated exclusive	ely to test for public saf	ety. See	sectior	n 509(a)(4).			
12	or more publi	cly supported o	organizations describe	ely for the benefit of, to ed in section 509(a)(1) of upporting organization	or sectic	on 509(a)(2). See section 509(a	ut the purposes of one)(3). Check the box on		
а	organization(s	orting organizati) the power to re t IV, Sections /	equiarly appoint or elect	d, or controlled by its sup t a majority of the directo	oported o rs or trus	organizat stees of t	ion(s), typically by giving the supporting organizati) the supported on. You must		
b	management of	oporting organiz of the supporting te Part IV, Sect	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or ion(s). You		
с	Type III function	onally integrated	. A supporting organizat	tion operated in connectio plete Part IV, Sections	n with, a A, D, an	nd functio d E.	onally integrated with, its	supported		
d	functionally in	ntegrated. The o	organization generally	panization operated in con must satisfy a distribu ms A and D, and Part V.	ition req	with its s uiremen	supported organization(s t and an attentiveness) that is not requirement (see		
e	Check this bo	x if the organiz	ation received a writt	en determination from supporting organization	the IRS	that it is	а Туре I, Туре II, Тур	e III functionally		
f			organizations							
		-	n about the supported		1					
((i) Name of supported of	rganization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organiza in your o	s the tion listed joverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
(A)										
(B)										
(C)										
(D)										
(E)										

Resonance Center for Women, Inc.

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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

	Ion A. Fublic Support						
	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	904,732.	1,068,100.	1,198,632.	1,344,399.	1,150,943.	5,666,806.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	904,732.	1,068,100.	1,198,632.	1,344,399.	1,150,943.	5,666,806.
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)						1,845,529.
6	Public support. Subtract line 5 from line 4						3,821,277.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	904,732.	1,068,100.	1,198,632.	1,344,399.	1,150,943.	5,666,806.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	272.	184.	154.	236.		846.
	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
	Total support. Add lines 7 through 10						5,667,652.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	4,246,722.
13	First 5 years. If the Form 990 is organization, check this box and	for the organizations for the organizations for the organization stop here	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul	blic Support P	Percentage				
	Public support percentage for 20						67.42%
15	Public support percentage from a	2022 Schedule A,	Part II, line 14			15	66.38%
16a	33-1/3% support test-2023. If the and stop here. The organization	he organization di qualifies as a pul	id not check the b blicly supported o	oox on line 13, an rganization	d line 14 is 33-1/3	3% or more, check	this box
b	33-1/3% support test—2022. If the and stop here. The organization	e organization die qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, c	heck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this I	box and stop here	e. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a l-circumstances te	nd-circumstances est. The organizat	s test, check this l tion qualifies as a	box and stop here publicly supporte	e. Explain in Part	VI how the
18	Private foundation. If the organiz	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions

1 11

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.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
	any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services						
	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						
	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						
ر 8	Public support. (Subtract line						
0	7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
1 0 a	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						
С	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						
	čapital assets (Explain in						
10	Part VI.).						
15	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is						
	organization, check this box and						
	tion C. Computation of Pu			10 10 10	`		0
15	Public support percentage for 20				-		00
16 500	Public support percentage from						6
	tion D. Computation of Inv		•		ump (f)	17	٥,
17	Investment income percentage f	-		-			00 00
18	Investment income percentage 1						
198	33-1/3% support tests-2023. If is not more than 33-1/3%, check						
b	33-1/3% support tests-2022. If		• •			-	
	line 18 is not more than 33-1/39	6, check this box	and stop here. Th	ie organization qu	alifies as a public	ly supported organ	nization
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	see instructions	
-							

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 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

			V	NL.
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was			
	described in section 509(a)(1) or (2).	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
1	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
	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.	3c		
4;	a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
I	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
(${f c}$ Did the organization support any foreign supported organization that does not have an IRS determination under			
	sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the			
	supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the			
	authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
(c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of			
	the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons,			
	as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
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? If "Yes," provide detail in Part VI.	9b		
(c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from,			
	assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10;	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.	10a		
I	b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

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?

Resonance Center for Women, Inc.

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 line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in Part VI how the supported* organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

- Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the 1 organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).* 2 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant
- voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

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

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2b

3a

3			
instru	uction	s).	
	Yes	No	
2a			

11a

11b

11c

Yes No 1 2

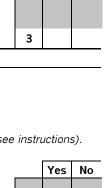
Yes

1

No

Yes

No



Resonance Center for Women, Inc.

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	janizat	ions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization	st on No ons mus	ov. 20, 1970 (explain in st complete Sections A	n Part VI). See 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):	t		
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 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990) 2023

Par		ipporting Organiza	ations (continue	ed)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of				
	in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval required - provide	details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizati in Part VI). See instructions.	on is responsive (provide	details	8	
9	Distributable amount for 2023 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)	110	(iii)
Sec	tion E – Distribution Allocations (see instructions)	Excess Distributions	Underdistributi Pre-2023	ons	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2023				
	From 2018				
b	From 2019				
	From 2020				
-	From 2021				
•	PFrom 2022				
1	Total of lines 3a through 3e				
ç	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. 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 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
-	Excess from 2020				
	Excess from 2021				
C	Excess from 2022				
e	Excess from 2023				

BAA

Schedule A (Form 990) 2023

Schedule A (For	m 990) 2023	Resonance Cen	ter for	Women,	Inc.	73-1023752	Page 8
Part VI	B, lines 1 and 2; Pa 3a, and 3b; Part V, I	rt IV, Section C, line 1; Par	t IV, Section ne 1e; Part '	n D, lines 2 V, Section D	and 3; Pa), lines 5,	I, line 10; Part II, line 17a or 17b; Part 1b, and 11c; Part IV, Section rt IV, Section E, lines 1c, 2a, 2b, 6, and 8; and Part V, Section E, 1structions.)	

SCHEDULE D (Form 990) 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.					OMB No. 1545-0047		
Depari Interna	ment of the Treasury al Revenue Service	Go to www.irs.g	gov/Form990 for instructions and	I the latest information.		Open to Inspect	o Public
Name of the organization Employer id							
Res		er for Women, Inc.			73-102		
Par	t I Organiz	zations Maintaining Do	nor Advised Funds or Othenswered "Yes" on Form 990	er Similar Funds or A	ccounts		
	Comple		(a) Donor advised fun	, ,	unds and	other accou	inte
1	Total number at e	end of year			unus anu		11115
2		ntributions to (during year).					
3		ints from (during year)					
4		at end of year					
5			nor advisors in writing that the as organization's exclusive legal cor			Yes	No
6	6		rs, and donor advisors in writing		L		
Ŭ	for charitable pur	poses and not for the benefit	of the donor or donor advisor, or	for any other purpose con	nferring _	Yes	No
Par		vation Easements					
1 01			nswered "Yes" on Form 990). Part IV. line 7.			
1			the organization (check all that				
		f land for public use (for examp		Preservation of a histo	rically imp	ortant land	area
		natural habitat	. ,	Preservation of a certi	5 1		
	Preservation	of open space					
2		through 2d if the organization h	neld a qualified conservation contrib	ution in the form of a conser	vation ease	ment on the	9
	5	5			leld at the	End of the	Tax Year
a	Total number of c	conservation easements		2a			
b	Total acreage res	tricted by conservation ease	ments	2b			
c	Number of conser	rvation easements on a certi	fied historic structure included on	line 2a 2c			
c	Number of conser a historic structur	rvation easements included o e listed in the National Regis	on line 2c acquired after July 25, 3	2006, and not on 2d			
3	Number of conserv tax year	ration easements modified, tran	nsferred, released, extinguished, or t	erminated by the organization	on during th	e	
4	Number of states	where property subject to co	onservation easement is located				
5			garding the periodic monitoring, i			-	—
			nts it holds?			Yes	No
6	6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year						
7	Amount of expense	es incurred in monitoring, inspe	ecting, handling of violations, and er	forcing conservation easem	ents during	the year	
8			n line 2d above satisfy the require			Yes	No
9	In Part XIII, descrinclude, if applica	ribe how the organization rep able, the text of the footnote t	oorts conservation easements in i to the organization's financial stat	ts revenue and expense st tements that describes the	atement a organizati	⊐ nd balance	sheet, and nting for
Par	conservation ease		lections of Art. Historical	Treasures, or Other S	Similar A	ssets	
	Comple	te if the organization ar	llections of Art, Historical nswered "Yes" on Form 990), Part IV, Iine 8.			
1a	historical treasure	es, or other similar assets he	r FASB ASC 958, not to report in Id for public exhibition, education I statements that describes these	, or research in furtheranc	l balance s e of public	heet works service, pr	of art, ovide in
b	historical treasures following amounts	s, or other similar assets held fo s relating to these items.	r FASB ASC 958, to report in its r or public exhibition, education, or re	search in furtherance of pub	lic service,	provide the	
	(i) Revenue inclu	uded on Form 990, Part VIII,	line 1		\$		
2	If the organization amounts required	received or held works of art, h to be reported under FASB	historical treasures, or other similar a ASC 958 relating to these items.	assets for financial gain, pro	vide the fol	lowing	
			1				
b	Assets included in	n ⊦orm 990, Part X	Instructions for Form 990.		Ş		000) 0000
BAA	For Paperwork R	eduction Act Notice, see the	Instructions for Form 990.	TEEA3301L 07/20/23	Sched	ule D (Forr	n 990) 2023

Schedule D (Form 990) 2023 Reson						73-1023			Page 2
Part III Organizations Maint	taining Colle	ctions of Art, His	storical ⁻	Treasures, o	r Other Si	milar Ass	sets (contir	าued)
3 Using the organization's acquisition items (check all that apply).	, accession, and		5	Ũ	ke significant	use of its co	ollectior	ı	
a Public exhibition				ige program					
b Scholarly research		e Other							
c Preservation for future generation									
4 Provide a description of the organiz Part XIII.			•	0					
5 During the year, did the organizato be sold to raise funds rather th			rt, historica organizatio	al treasures, or on's collection?.	other simila	r assets	Yes		No
Part IV Escrow and Custod Complete if the orga Form 990, Part X, lir	nization answ ne 21.	vered "Yes" on F			,		amo	unt or	n
1a Is the organization an agent, trus on Form 990, Part X?	stee, custodian.	or other intermediary	y for contri	ibutions or othe	r assets not	included	Yes	Г	No
b If "Yes," explain the arrangement in							Tes	L	
		inplete the following to				A	mount		
c Beginning balance					. 1c	7.	mount		
d Additions during the year									
e Distributions during the year									
f Ending balance					. 1f				
2a Did the organization include an a	mount on Form	990, Part X, line 21,	for escrov	w or custodial a	ccount liabil	ity?	Yes		No
b If "Yes," explain the arrangement	t in Part XIII. Ch	eck here if the expla	anation ha	s been provided	in Part XIII		_ 		4
				·					1
Part V Endowment Funds									
Complete if the orga	nization answ	vered "Yes" on F	⁻ orm 990	0, Part IV, lin	e 10.				
	(a) Current yea	r (b) Prior yea	ar (r	c) Two years back	(d) Three	years back	(a) F(our years	s hack
1a Beginning of year balance	(a) current yea 159,8			171,592		51,025.			986.
b Contributions	139,0	<u> </u>)12.	1/1, 392)1,023.		125,	900.
-									
c Net investment earnings, gains, and losses	23,0	4431,4	161	19,720		20,567.		25	039.
d Grants or scholarships	25,0	··· · · · · · · · · · · · · · · · · ·	101.	19,720	. 2	.0,307.		25,	037.
e Other expenditures for facilities									
and programs						0.			
f Administrative expenses									
g End of year balance	182,8	95. 159,8	351.	191,312	. 17	71,592.		151,	025.
2 Provide the estimated percentage	e of the current		ne 1g, colu	umn (a)) held as	S:				
a Board designated or quasi-endow	vment	olo							
b Permanent endowment	0/0								
c Term endowment	010								
The percentages on lines 2a, 2b, ar	nd 2c should equa	il 100%.							
3a Are there endowment funds not in the	he possession of	the organization that a	are held an	nd administered for	or the		_		
organization by:		-				-		Yes	No
(i) Unrelated organizations?							3a(i)	Х	
(ii) Related organizations?							3a(ii)		Х
b If "Yes" on line 3a(ii), are the rela	-						3b		
4 Describe in Part XIII the intended			ent funds.						
Part VI Land, Buildings, and									
Complete if the organization	on answered "Ye	s" on Form 990, Part	IV, line 11	la. See Form 990), Part X, lin	e 10.			
Description of property	(a)	Cost or other basis (investment)		st or other s (other)	(c) Accum deprecia		(d) B	ook va	lue
1a Land				26,000.				26,	,000.
b Buildings				797,157.	671	,618.		125,	,539.
c Leasehold improvements									
d Equipment				323,057.		,843.			,214.
e Other				66,412.		,933.			,479.
Total. Add lines 1a through 1e. (Colum	n (d) must equa	l Form 990, Part X,	line 10c, c	column (B))					,232.
BAA						Schedul	e D (Fo	rm 990) 202 <mark>3</mark>

Part VII	Investments – Other Securities		N/A	
	Complete if the organization answered "Yes" or	(b) Book value		
	otion of security or category (including name of security)	(D) BOOK Value	(c) Method of valuation: Cost or end-of	-year market value
. ,	Il derivatives			
(3) Other				
(A)				
(B)				
<u>(C)</u>				
(D)				
(D) (E)				
(F)				
(G)				
<u>(H)</u>				
	r (h) much annal Farm 000 Part V line 12 actume (P))			
	n (b) must equal Form 990, Part X, line 12, column (B))		NI / A	
Part VIII	Investments – Program Related Complete if the organization answered "Yes" or	Form 990, Part IV, line	N/A 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)				
(10)				
	n (b) must equal Form 990, Part X, line 13, column (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes" or	<u>i Form 990, Part IV, line</u> scription	11d. See Form 990, Part X, line 15.	(b) Book value
(1) Oper	ating Leases - ROU Assets	scription		149,660.
	a Community Foundation			182,895.
(3)	•			
(4)				
(5)				
(6) (7)				
(8)				
(9)				
(10)				
	ımn (b) must equal Form 990, Part X, line 15, c	column (B))		332,555.
Part X	Other Liabilities	Form 000 Part IV lina	11a or 11f Son Form 000 Port V line 2	F
1.	Complete if the organization answered "Yes" or	iption of liability		(b) Book value
	al income taxes	iption of hability		
(2) Long	-Term Lease Obligation			54,186.
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	mn (b) must equal Form 990, Part X, line 25, co			54,186.

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

Schedule D (Form 990) 2023 Resonance Center for Women, Inc.	73-1023	752 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	2,506,607.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a 143,0	35.	
b Donated services and use of facilities		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.) See Part XIII 2d 152,6	83.	
e Add lines 2a through 2d	2e	295,718.
3 Subtract line 2e from line 1.	3	2,210,889.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,210,889.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	1
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	-	
1 Total expenses and losses per audited financial statements	1	2,298,070.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	_	
a Donated services and use of facilities 2a		
b Prior year adjustments		
c Other losses.		
d Other (Describe in Part XIII.) See Part XIII 2d 152,6	83.	
e Add lines 2a through 2d.	2e	152,683.
3 Subtract line 2e from line 1.		2,145,387.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		2/110/00/1
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,145,387.
Part XIII Supplemental Information		

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

Part X - FASB ASC 740 Footnote

Part X, Line 2:

Resonance is exempt from federal income tax under Section 501(c)3 of the Internal Revenue Code (the Code) and has been determined not to be a private foundation under Section 509(a) of the Code. As a result, as long as Resonance maintains its tax exemption, and does not engage in business activities that are unrelated to its exempt purposes, it will not be subject to income tax.

BAA

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 Resonance Center for Women, Inc.	023752	Page 5	
Part XIII Supplemental Information (continued)			
Schedule D, Part XI, Line 2d Other Revenue Included In F/S But Not Included On Form 990			
Cost of food inventory	Total	\$ \$	<u>152,683.</u> 152,683.
Schedule D, Part XII, Line 2d Other Expenses And Losses Per Audited F/S			
Cost of food inventory sold	Total		<u>52,683.</u> 52,683.

	Suppleme	ental Informa	tion Reg	jarding F	undraising or Gami	ng Acti	vities	OMB No. 1545-0047
SCHEDULE G (Form 990)	Comple	te if the organizat organization	ion answere n entered m	d "Yes" on Fo ore than \$15	orm 990, Part IV, line 17, 18, ,000 on Form 990-EZ, line 6a	, or 19, or a.	if the	2023
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to <i>www.irs.gov/Form990</i> for instructions and the latest information.						Open to Public Inspection	
Name of the organization							Employer identification	
Resonance Cent					E 000 D 1 N/ 1	17	73-102375	2
Fundraising Form 990-E	Activities. Comple Z filers are not re	quired to comp	lete this p	ered "Yes" art.	on Form 990, Part IV, lin	ie 17.		
a Mail solicitation b Internet and c c Phone solicitation d In-person sol	ons email solicitations ations icitations	5		e f g	Solicitation of gove	governm ernment j events	grants	
employees listed	in Form 990, Par highest paid indiv	t VII) or entity i iduals or entities	in connect s (fundraise	tion with p	including officers, directo rofessional fundraising nt to agreements under v	services	\$?	
(i) Name and addres or entity (fund		(ii) Activity	have custor	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(or r fundra	nount paid to etained by) aiser listed in olumn (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			()	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
	nich the organization				ontributions or has been	notified i	t is exempt from	0. registration

			ice Center for		73-102	
Par	tll	Fundraising Events. Complete if reported more than \$15,000 of fur	the organization ar	nswered "Yes" on F	orm 990, Part IV, I	ine 18, or 990-E7 lines 1
		and 6b. List events with gross rec	eipts greater than	\$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a)
P			Stacked Deck (event type)	(event type)	(total number)	through column (c)
Revenue	1	Gross receipts	184,158.			184,158.
LL	2	Less: Contributions	169,730.			169,730.
	3	Gross income (line 1 minus line 2)	14,428.			14,428.
	4	Cash prizes.				
	5	Noncash prizes	24,647.			24,647.
Jses	6	Rent/facility costs	6,784.			6,784.
Direct Expenses	7	Food and beverages	12,834.			12,834.
rect I	8	Entertainment				
Ō	9	Other direct expenses	18,877.			18,877.
		···· · · · · · · · · · · · · · · · · ·				
_		Net income summary. Subtract line 10 fr				
Par	t III	Gaming. Complete if the organiza than \$15,000 on Form 990-EZ, lin	ition answered "Ye e 6a.	s" on Form 990, Pa	art IV, line 19, or re	eported more
				(b) Pull tabs/instant		(d) Total gaming
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(add column (a) through column (c))
Å	1	Gross revenue				
nses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes [%] No	Yes% No	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)		
						I
	a Is th	er the state(s) in which the organization contended or the organization licensed to conduct gaming No," explain:	g activities in each of th			Yes No
		re any of the organization's gaming license (es," explain:	es revoked, suspended,		e tax year?	Yes No

Schedule G (Form 990) 2023

Schedule G (Form 990) 2023	Resonance	Center for Women,	Inc. 7	/3-1023752	Page 3
11 Does the organization conc				Yes	No
12 Is the organization a grantor, administer charitable gamin			nership or other entity formed to		No
13 Indicate the percentage of ga				1 1	
					0/0
2					olo
14 Enter the name and address	of the person who prepa	ares the organization's gaming/	special events books and record	IS.	
Name					
Address					
 15 a Does the organization have b If "Yes," enter the amount of gaming revenue retained c If "Yes," enter name and add 	of gaming revenue rec d by the third party	d party from whom the organ eived by the organization \$ \$\$	zation receives gaming reven	ue? Yes the amount	No
Name					
Address					i
16 Gaming manager informati	on:				
Name					
Gaming manager compens	sation \$				
Description of services pro-	vided				
Director/officer	Employee		lent contractor		
17 Mandatory distributions:					
a Is the organization required u state gaming license?			gaming proceeds to retain the	Yes	No
b Enter the amount of distribution organization's own exempt			exempt organizations or spent ir	n the	_
Part IV Supplemental In and Part III, lines information. See	s 9, 9b, 10b, 15b, 1	e the explanations requi 15c, 16, and 17b, as ap	red by Part I, line 2b, co plicable. Also provide a	olumns (iii) and (ny additional	v);

OMB No. 1545-0047
2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Resonance Center for Women, Inc.

Employer identification number

73-1023752

Form 990, Part III, Line 4d - Other Program Services Description

Alcohol and Drug Substance Abuse Course (ADSAC) Services Resonance helps women who have had their driver's license revoked or suspended and have been mandated by the judicial system to obtain an assessment and attend ADSAC/DUI School.

Form 990, Part VI, Line 1a - Explanation of Delegated Broad Authority to Committee

The Executive Committee consists of the President, President-Elect, Immediate Past President, Secretary, and Treasurer. Committee chairs participate in meetings when requested, but do not have voting rights. The Executive Director is a contributing member to the executive committee, but does not have voting rights. The executive committee has authority to conduct business between meetings and reports all actions at board meetings.

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

Under the current bylaws, the board president may, at her/his discretion, make up to five presidential appointments during her/his tenure as board president.

Form 990, Part VI, Line 11b - Form 990 Review Process

Reviewed by Executive Director, reviewed by Treasurer and Finance Committee;

reviewed by Executive Committee; reviewed by the Board.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Conflict of interest is required to be disclosed annually by all board members and officers. Should a conflict of interest exist, it is disclosed to the full board and that member or officer must abstain from comment and vote on any issue in which a conflict exists.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The Tulsa Area United Way and the Oklahoma Center for Nonprofit salary surveys are consulted and compensation is set based upon the salary range for similar nonprofits with a budget size of \$1 million but less than \$3 million in revenue. The process takes place every two years.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Governing documents and financial statements are available for review upon request at the main office location. An annual report is mailed to all donors.