

TAXABLE YEAR **California Exempt Organization**
2017 Annual Information Return

FORM

199

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization name **END VIOLENCE AGAINST WOMEN INTERNATIONAL (EVAWI)** California corporation number **2490993**

Additional information. See instructions. FEIN **75-3095110**

Street address (suite or room) **145 S MAIN STREET** PMB no.

City **COLVILLE** State **WA** Zip code **99114**

Foreign country name Foreign province/state/county Foreign postal code

A First Return Yes No
B Amended Return Yes No
C IRC Section 4947(a)(1) trust Yes No
D Final Information Return? Dissolved Surrendered (Withdrawn) Merged/Reorganized
Enter date: (mm/dd/yyyy) ●
E Check accounting method: (1) Cash (2) Accrual (3) Other
F Federal return filed? (1) 990T (2) 990-PF (3) Sch H (990) (4) Other 990 series
G Is this a group filing? See instructions Yes No
H Is this organization in a group exemption Yes No
If "Yes," what is the parent's name?
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. Yes No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No
K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$
L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box.
No filing fee is required.
M Is the organization a Limited Liability Company? Yes No
N Did the organization file Form 100 or Form 109 to report taxable income? Yes No
O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
P Is federal Form 1023/1024 pending? Yes No
Date filed with IRS

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,213,127	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3	739,274	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction	4	1,952,401	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	1,952,401	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	1,667,938	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	284,463	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Instruction K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Filing fee \$10 or \$25. See General Instruction F	15	10	00
	16	Penalties and Interest. See General Instruction J	16		00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10	00

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Signature of officer Title **CEO** Date Telephone **509-684-9800**

Paid Preparer's Use Only Preparer's signature Date **04/24/2018** Check if self-employed PTIN **P00951009**
Firm's name (or yours, if self-employed) and address **DINGUS, ZARECOR & ASSOCIATES, PLLC**
12015 E MAIN AVE
SPOKANE VALLEY, WA 99206 FEIN **20-0079326**
Telephone **509-242-0874**

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

END VIOLENCE AGAINST WOMEN
75-3095110

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Table with 18 rows and 4 columns. Rows include Receipts from Other Sources (lines 1-8) and Expenses and Disbursements (lines 9-18). Total receipts are 1,213,127 and total expenses are 1,667,938.

Schedule L Balance Sheet

Balance Sheet table with columns for Beginning of taxable year (a, b) and End of taxable year (c, d). Total assets and total liabilities/net worth are both 1,538,246.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

Reconciliation table with 10 rows. Net income per books is 284,463, which matches net income per return.

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2017▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.**Name of the organization****End Violence Against Women
International (EVAWI)****Employer identification number****75-3095110****Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)(**3**) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization End Violence Against Women	Employer identification number 75-3095110
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Department of Justice Office for Victims of Crime 950 Pennsylvania Avenue NW Washington DC 20530	\$ 101,893	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Department of Justice Office on Violence Against Women 950 Pennsylvania Avenue NW Washington DC 20530	\$ 598,875	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

California Statements

Statement 1 - Form 199, Part II, Line 7 - Other Income

<u>Description</u>	<u>Amount</u>
SBB Online marketplace	\$ 4,425
Credit card points	<u>1,250</u>
Total	<u>\$ 5,675</u>

California Statements

Statement 2 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar Amounts

<u>PSA</u>	<u>Class</u>	<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Relationship</u>	<u>Status</u>	<u>Purpose</u>	<u>Amount</u>	<u>Noncash Description</u>	<u>FMV Explanation</u>	<u>Book Value Amount</u>	<u>Book Value Explanation</u>	<u>Date</u>
1		Ten Eight Technology, Inc. Victim link platform	PO Box 27136 64,420	San Diego	CA	92198									12/31/17

California Statements**Statement 3 - Form 199, Part II, Line 11 - Officer Compensation**

Name		Address			Title	Avg Hrs	Compensation Amount
	City	State	Zip				
Herman Millholland	Colville	145 S Main Street	WA 99114	145 S Main Street	President	4.00	
Jerald Monahan	Colville	145 S Main Street	WA 99114	145 S Main Street	Past President	9.00	
Varsha N	Colville	145 S Main Street	WA 99114	145 S Main Street	Secretary	5.00	
Diana Faugno	Colville	145 S Main Street	WA 99114	145 S Main Street	Treasurer	5.00	
Ann Burdges	Colville	145 S Main Street	WA 99114	145 S Main Street	Past Vice President	9.00	
Catherine Johnson	Colville	145 S Main Street	WA 99114	145 S Main Street	Director	3.00	
Eugenia Barr	Colville	145 S Main Street	WA 99114	145 S Main Street	Director	1.00	
Aurelia Sands Belle	Colville	145 S Main Street	WA 99114	145 S Main Street	Vice President	1.00	
Elizabeth Gallus	Colville	145 S Main Street	WA 99114	145 S Main Street	Director	3.00	
Elizabeth Donegan	Colville	145 S Main Street	WA 99114	145 S Main Street	Director	1.00	
Joanne Archambault	Colville	145 S Main Street	WA 99114	145 S Main Street	CEO	60.00	155,099
Total							<u>155,099</u>

Statement 4 - Form 199, Part II, Line 17 - Other Expenses

<u>Description</u>	<u>Amount</u>
Other employee benefits	\$ 57,505
Payroll taxes	48,914
Accounting services	10,654
Other professional services	109,821
Travel	128,824
Conference & meetings	501,019
Other expense	14,413
Subscriptions	8,222
Bad debt expense	4,577
Retirement plan	11,617
Advertising & promotion	13,063
Office expense	94,152
Information technology	2,931
Insurance	3,128
Total	<u>\$ 1,008,840</u>

Statement 5 - Form 199, Schedule L, Line 12 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Prepaid Expenses	\$ 89,884	\$ 80,493
Total	<u>\$ 89,884</u>	<u>\$ 80,493</u>

Statement 6 - Form 199, Schedule L, Line 18 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Deferred Revenue	\$ 288,948	\$ 337,835
Total	<u>\$ 288,948</u>	<u>\$ 337,835</u>