

TAXABLE YEAR **2018** **California Exempt Organization Annual Information Return** FORM **199**

Calendar Year 2018 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 **\*\*-\*\*\*5110**

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  Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  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)  990PF (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 a public charity 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 Information B and C.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,119,087	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3	1,591,862	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information C	4	2,710,949	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	2,710,949	00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	2,521,483	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	189,466	00
<b>Filing Fee</b>	11	Total payments	11	10	00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	10	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 Information F	15	10	00
	16	Penalties and Interest. See General Information J	16		00
	17	<b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		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 **05/21/2019** Check if self-employed   
 Firm's name (or yours, if self-employed) and address **DINGUS, ZARECOR & ASSOCIATES, PLLC**  
**12015 E MAIN AVE**  
**SPOKANE VALLEY, WA 99206** Firm's FEIN **\*\* - \*\*\*9326**  
 Telephone **509-242-0874**

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

END VIOLENCE AGAINST WOMEN

\*\* - \*\*\*5110

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: 1,119,087. Total expenses: 2,521,483.

Schedule L Balance Sheet

Table with 4 columns: (a) Beginning of taxable year, (b) End of taxable year, (c), (d). Rows include Assets (Cash, Net accounts receivable, etc.) and Liabilities and net worth. Total assets: 1,640,874. Total liabilities and net worth: 1,640,874.

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

Table with 10 rows and 3 columns. Rows include Net income per books (189,466), Federal income tax, Excess of capital losses, Income not recorded on books, Expenses recorded on books, Total (189,466), Income recorded on books, Deductions in this return, Total (189,466), Net income per return (189,466).

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

OMB No. 1545-0047

**2018**▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization

**End Violence Against Women  
International (EVAWI)**

Employer identification number

**\*\* - \*\*\* 5110**

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**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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).

Name of organization

**End Violence Against Women**

Employer identification number

**\*\* - \*\*\*5110**

**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	\$ 819,644	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	\$ 685,976	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Fidelity Charitable Organization Tavan and Tirone Pechet 218 Main Street #780 Kirkland WA 98033	\$ 23,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Natalie Hershlag 13700 Marina Pointe Dr. #632 Marina Del Rey CA 90292	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	William H Donner Foundation 520 White Plains Road, Suite 500 Tarrytown NY 10591	\$ 10,000	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.)

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

<u>Description</u>	<u>Amount</u>
Credit card points	\$ 5,899
Total	\$ 5,899

## California Statements

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

PSA	Class	Name	Address	City	State	Zip	Relationship	Status	Purpose	Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date
1		TechVoice, Inc. (Ten8Tech)	PO Box 27136	San Diego	CA	92198			Victim link platform	532,579					
1		World Two Systems	PO Box 471	Grantham	NH	03753			Virtual Practicum	21,078					
1		Zapdot, Inc.	36 Larrobee Street	Melrose	MA	02176			Virtual Practicum	50,000					
1		Subtotal								\$ 603,657					
		Total								\$ 603,657					

### Statement 3 - Form 199, Part II, Line 11 - Officer Compensation

Name	Address	City	State	Zip	Title	Avg Hrs	Compensation Amount
Herman Millholland	145 S Main Street	Colville	WA	99114	President until Dec	5.10	
Varsha N	145 S Main Street	Colville	WA	99114	Secretary	3.70	
Diana Faugno	145 S Main Street	Colville	WA	99114	Treasurer	3.60	
Ann Burdges	145 S Main Street	Colville	WA	99114	President	3.90	
Catherine Johnson	145 S Main Street	Colville	WA	99114	Secretary	2.80	
Eugenia Barr	145 S Main Street	Colville	WA	99114	Director	1.40	
Aurelia Sands Belle	145 S Main Street	Colville	WA	99114	Vice President	2.20	
Elizabeth Gallus	145 S Main Street	Colville	WA	99114	Director	3.80	
Elizabeth Donegan	145 S Main Street	Colville	WA	99114	Director	2.30	

## California Statements

**Statement 3 - Form 199, Part II, Line 11 - Officer Compensation (continued)**

Name		Address			Title	Avg Hrs	Compensation Amount
	City	State	Zip				
Beya Thayer	Colville	145 S Main WA	99114	Director		3.20	
Pete Lewis	Colville	145 S Main WA	99114	Director		1.90	
Richard Mankewich	Colville	145 S Main WA	99114	Director		2.30	
Joanne Archambault	Colville	145 S Main Street WA	99114	CEO		60.00	161,158
Total							<u>161,158</u>

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

<u>Description</u>	<u>Amount</u>
Other employee benefits	\$ 85,490
Payroll taxes	67,699
Accounting services	13,406
Other professional services	130,540
Travel	119,578
Conference & meetings	538,808
Bad debt expense	4,165
Other expense	16,944
Subscriptions	10,885
Retirement plan	10,408
Advertising & promotion	10,134
Office expense	69,253
Information technology	
Insurance	1,225
Total	<u>\$ 1,078,535</u>

**Statement 5 - Form 199, Schedule L, Line 5 - Federal and State Government**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Total	\$ 0	\$ 753,115
	<u>\$ 0</u>	<u>\$ 753,115</u>

**Statement 6 - Form 199, Schedule L, Line 12 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Prepaid Expenses	\$ 80,493	\$ 118,076
Total	\$ 80,493	\$ 118,076
	<u>\$ 80,493</u>	<u>\$ 118,076</u>

**Statement 7 - Form 199, Schedule L, Line 18 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Deferred Revenue	\$ 337,835	\$ 257,520
Total	\$ 337,835	\$ 257,520
	<u>\$ 337,835</u>	<u>\$ 257,520</u>