

TAXABLE YEAR **2020** **California Exempt Organization Annual Information Return**

FORM

**199**

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

Corporation/Organization name <b>END VIOLENCE AGAINST WOMEN INTERNATIONAL (EVAWI)</b>		California corporation number <b>2490993</b>
Additional information. See instructions.		FEIN <b>75-3095110</b>
Street address (suite or room) <b>145 S MAIN STREET</b>		PMB no.
City <b>COLVILLE</b>	State <b>WA</b>	Zip code <b>99114</b>
Foreign country name	Foreign province/state/county	Foreign postal code

<b>A</b> First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>B</b> Amended return <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>J</b> If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>K</b> Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>D</b> Final information return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) ● _____	<b>L</b> Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other	<b>M</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input checked="" type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input type="checkbox"/> Other 990 series	<b>N</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>O</b> Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>H</b> Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____	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>	<b>1</b> Gross sales or receipts from other sources. From Side 2, Part II, line 8	<b>1</b>	<b>29,029</b>	<b>00</b>
	<b>2</b> Gross dues and assessments from members and affiliates	<b>2</b>		<b>00</b>
	<b>3</b> Gross contributions, gifts, grants, and similar amounts received	<b>3</b>	<b>1,163,501</b>	<b>00</b>
	<b>4</b> 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 B	<b>4</b>	<b>1,192,530</b>	<b>00</b>
	<b>5</b> Cost of goods sold	<b>5</b>		<b>00</b>
	<b>6</b> Cost or other basis, and sales expenses of assets sold	<b>6</b>		<b>00</b>
	<b>7</b> Total costs. Add line 5 and line 6	<b>7</b>		<b>00</b>
	<b>8</b> Total gross income. Subtract line 7 from line 4	<b>8</b>	<b>1,192,530</b>	<b>00</b>
<b>Expenses</b>	<b>9</b> Total expenses and disbursements. From Side 2, Part II, line 18	<b>9</b>	<b>1,454,704</b>	<b>00</b>
	<b>10</b> Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	<b>10</b>	<b>-262,174</b>	<b>00</b>
<b>Filing Fee</b>	<b>11</b> Total payments	<b>11</b>		<b>00</b>
	<b>12</b> Use tax. See General Information K	<b>12</b>		<b>00</b>
	<b>13</b> Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	<b>13</b>		<b>00</b>
	<b>14</b> Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	<b>14</b>		<b>00</b>
	<b>15</b> Penalties and Interest. See General Information J	<b>15</b>		<b>00</b>
	<b>16</b> <b>Balance due.</b> Add line 12, and line 15. Then subtract line 11 from the result	<b>16</b>		<b>00</b>
<b>Sign Here</b>	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.			
<b>Paid Preparer's Use Only</b>	Signature of officer	Title <b>CEO</b>	Date <b>05/04/2021</b>	Telephone <b>509-684-9800</b>
	Preparer's signature		Date <b>05/04/2021</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00951009</b>
	Firm's name (or yours, if self-employed) and address <b>DINGUS, ZARECOR &amp; ASSOCIATES, PLLC 12015 E MAIN AVE SPOKANE VALLEY, WA 99206</b>			Firm's FEIN <b>20-0079326</b> Telephone <b>509-242-0874</b>
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	●	1	10,975	00	
	2	Interest	●	2	13,297	00	
	3	Dividends	●	3		00	
	4	Gross rents	●	4		00	
	5	Gross royalties	●	5		00	
	6	Gross amount received from sale of assets (See Instructions)	●	6		00	
	7	Other income. Attach schedule <b>SEE STATEMENT 1</b>	●	7	4,757	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	29,029	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule <b>SEE STATEMENT 2</b>	●	9	383,770	00	
	10	Disbursements to or for members	●	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule <b>SEE STATEMENT 3</b>	●	11	145,000	00	
	12	Other salaries and wages	●	12	450,020	00	
	<b>Expenses and Disbursements</b>	13	Interest	●	13		00
		14	Taxes	●	14		00
		15	Rents	●	15	21,222	00
		16	Depreciation and depletion (See instructions)	●	16		00
		17	Other expenses and disbursements. Attach schedule <b>SEE STATEMENT 4</b>	●	17	454,692	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	1,454,704	00

**Schedule L Balance Sheet**

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		596,602	●	370,475
2 Net accounts receivable		407,925	●	182,490
3 Net notes receivable			●	
4 Inventories			●	
5 Federal and state government obligations <b>STMT 5</b>		1,007,107	●	990,321
6 Investments in other bonds			●	
7 Investments in stock			●	
8 Mortgage loans			●	
9 Other investments. Attach schedule			●	
10 a Depreciable assets				
b Less accumulated depreciation				
11 Land			●	
12 Other assets. Attach schedule. <b>STMT 6</b>		40,169	●	93,933
13 <b>Total assets</b>		2,051,803		1,637,219
<b>Liabilities and net worth</b>				
14 Accounts payable		98,280	●	98,700
15 Contributions, gifts, or grants payable			●	
16 Bonds and notes payable			●	
17 Mortgages payable			●	
18 Other liabilities. Attach schedule. <b>STMT 7</b>		417,503		294,696
19 Capital stock or principal fund			●	
20 Paid-in or capital surplus. Attach reconciliation			●	
21 Retained earnings or income fund		1,536,020	●	1,243,823
22 <b>Total liabilities and net worth</b>		2,051,803		1,637,219

**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

1	Net income per books	●	-292,197	7	Income recorded on books this year not included in this return. Attach schedule <b>SEE STMT 8</b>	●	-30,023
2	Federal income tax	●		8	Deductions in this return not charged against book income this year. Attach schedule	●	
3	Excess of capital losses over capital gains	●		9	<b>Total.</b> Add line 7 and line 8		-30,023
4	Income not recorded on books this year. Attach schedule	●		10	<b>Net income per return.</b> Subtract line 9 from line 6		-262,174
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●					
6	<b>Total.</b> Add line 1 through line 5		-292,197				

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2020**

▶ 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

**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 foundation

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

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<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

**75-3095110**

**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	US Department of Justice 950 Pennsylvania Avenue NW Washington DC 20530	\$ 1,065,896	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	US Small Business Administration 409 3rd Street SW Washington DC 20416	\$ 38,656	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.)

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

<u>Description</u>	<u>Amount</u>
Credit card points	\$ 1,750
Other revenue	<u>3,007</u>
Total	<u>\$ 4,757</u>

## 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.	PO Box 27136		San Diego		CA	92198
		Victim link platform	21,000					
1		World Two Systems	PO Box 471		Grantham		NH	03753
		Virtual Practicum	153,770					
1		Zapdot, Inc.	36 Larrobee Street		Melrose		MA	02176
		Virtual Practicum	209,000					
1	Subtotal		\$ 383,770					
	Total		\$ 383,770					

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

Name	Address						
City	State	Zip	Title	Avg Hrs	Compensation Amount		
Ann Burdges	145 S Main Street	WA	99114	President	10.00		
Aurelia Sands Belle	145 S Main Street	WA	99114	Vice President	2.00		
Catherine Johnson	145 S Main Street	WA	99114	Secretary	2.00		
Diana Faugno	145 S Main Street	WA	99114	Treasurer	4.00		
Stacey Mitchell	145 S Main Street	WA	99114	Director	1.50		
Beya Thayer	145 S Main	WA	99114	Director	2.00		
Pete Lewis	145 S Main	WA	99114	Director	1.10		
Richard Mankewich	145 S Main	WA	99114	Director	2.50		
Elizabeth Donegan	145 S Main Street	WA	99114	Director	2.00		
Varsha N	145 S Main Street	WA	99114	Director	2.60		

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

Name		Address			Title	Avg Hrs	Compensation Amount
	City	State	Zip				
Jenny LaCoss	Colville	145 S Main WA	99114	Director		3.00	
Craig Swaisgood	Colville	145 S Main WA	99114	Director		2.50	
Jerald Monahan	Colville	145 S Main WA	99114	Director		1.00	
Joanne Archambault	Colville	145 S Main Street WA	99114	CEO		50.00	145,000
Total							<u>145,000</u>

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

Description	Amount
Other employee benefits	\$ 84,659
Payroll taxes	58,071
Accounting services	37,605
Other professional services	114,366
Travel	845
Conference & meetings	45,185
Subscriptions	14,016
Other expense	10,684
Retirement plan	25,462
Advertising & promotion	10,588
Office expense	50,116
Insurance	3,095
Total	<u>\$ 454,692</u>

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

Description	Beginning of Year	End of Year
Ameriprise Investment	\$ 1,007,107	\$ 990,321
Total	<u>\$ 1,007,107</u>	<u>\$ 990,321</u>

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

Description	Beginning of Year	End of Year
Prepaid Expenses	\$ 40,169	\$ 93,933
Total	<u>\$ 40,169</u>	<u>\$ 93,933</u>

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

Description	Beginning of Year	End of Year
Deferred Revenue	\$ 417,503	\$ 294,696
Total	<u>\$ 417,503</u>	<u>\$ 294,696</u>

**Statement 8 - Form 199, Schedule M-1, Line 7 - Income Recorded on Books**

Description	Amount
Net unrealized gains	\$ -30,023
Total	<u>\$ -30,023</u>