

TAXABLE YEAR 2021 **California Exempt Organization**
Annual Information Return

FORM

199

Calendar Year 2021 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) 115 W. ASTOR, SUITE 208 | | PMB no. |
| City COLVILLE | State WA | Zip code 99114 |
| Foreign country name | Foreign province/state/county | Foreign postal code |

| | |
|---|--|
| <p>A First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended return <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final information return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) ● _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F 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</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> | <p>I 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</p> <p>J 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</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>M Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N 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</p> <p>O Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p> |
|---|--|

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

| | | | | | |
|---|--|--|--------------------|---|---------------------------|
| Receipts and Revenues | 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 | ● | 1 | 1,163,118 | 00 |
| | 2 Gross dues and assessments from members and affiliates | ● | 2 | | 00 |
| | 3 Gross contributions, gifts, grants, and similar amounts received | ● | 3 | 593,694 | 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 Information B | ● | 4 | 1,756,812 | 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 | 1,756,812 | 00 |
| Expenses | 9 Total expenses and disbursements. From Side 2, Part II, line 18 | ● | 9 | 1,218,404 | 00 |
| | 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | ● | 10 | 538,408 | 00 |
| Filing Fee | 11 Total payments | ● | 11 | | 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 | | 00 |
| | 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 | ● | 14 | | 00 |
| | 15 Penalties and interest. See General Information J | ● | 15 | | 00 |
| 16 Balance due. Add line 12, and line 15. Then subtract line 11 from the result | ● | 16 | | 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. | | | | |
| Paid Preparer's Use Only | Signature of officer | Title CEO | Date 05/20/2022 | Telephone 509-684-9800 | |
| | Preparer's signature | | Date 05/20/2022 | Check if self-employed <input type="checkbox"/> | PTIN P00951009 |
| | 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 20-0079326 | Telephone 509-242-0874 |
| 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.

| | | | | | | | |
|------------------------------------|-----------------------------------|--|---|----|-----------|-----------|----|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | ● | 1 | 1,162,516 | 00 | |
| | 2 | Interest | ● | 2 | 22 | 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 SEE STATEMENT 1 | ● | 7 | 580 | 00 | |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | | 8 | 1,163,118 | 00 | |
| | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule SEE STATEMENT 2 | ● | 9 | 130,844 | 00 | |
| | 10 | Disbursements to or for members | ● | 10 | | 00 | |
| | 11 | Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 3 | ● | 11 | 145,000 | 00 | |
| | 12 | Other salaries and wages | ● | 12 | 447,087 | 00 | |
| | Expenses and Disbursements | 13 | Interest | ● | 13 | | 00 |
| | | 14 | Taxes | ● | 14 | | 00 |
| | | 15 | Rents | ● | 15 | 14,683 | 00 |
| | | 16 | Depreciation and depletion (See instructions) | ● | 16 | | 00 |
| | | 17 | Other expenses and disbursements. Attach schedule SEE STATEMENT 4 | ● | 17 | 480,790 | 00 |
| | | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | | 18 | 1,218,404 | 00 |

Schedule L Balance Sheet

| | Beginning of taxable year | | End of taxable year | |
|--|---------------------------|-----------|---------------------|-----------|
| | (a) | (b) | (c) | (d) |
| Assets | | | | |
| 1 Cash | | 370,475 | ● | 600,209 |
| 2 Net accounts receivable | | 182,490 | ● | 38,764 |
| 3 Net notes receivable | | | ● | |
| 4 Inventories | | | ● | |
| 5 Federal and state government obligations STMT 5 | | 990,321 | ● | 1,547,422 |
| 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 STMT 6 | | 93,933 | ● | 74,920 |
| 13 Total assets | | 1,637,219 | | 2,261,315 |
| Liabilities and net worth | | | | |
| 14 Accounts payable | | 98,700 | ● | 65,632 |
| 15 Contributions, gifts, or grants payable | | | ● | |
| 16 Bonds and notes payable | | | ● | |
| 17 Mortgages payable | | | ● | |
| 18 Other liabilities. Attach schedule STMT 7 | | 294,696 | | 356,351 |
| 19 Capital stock or principal fund | | | ● | |
| 20 Paid-in or capital surplus. Attach reconciliation | | | ● | |
| 21 Retained earnings or income fund | | 1,243,823 | ● | 1,839,332 |
| 22 Total liabilities and net worth | | 1,637,219 | | 2,261,315 |

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 | ● | 595,509 | 7 | Income recorded on books this year not included in this return. Attach schedule SEE STMT 8 | ● | 57,101 |
| 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 | Total. Add line 7 and line 8 | | 57,101 |
| 4 | Income not recorded on books this year. Attach schedule | ● | | 10 | Net income per return. Subtract line 9 from line 6 | | 538,408 |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | ● | | | | | |
| 6 | Total. Add line 1 through line 5 | | 595,509 | | | | |

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Table with 2 columns: Name of the organization (End Violence Against Women International (EVAWI)) and Employer identification number (75-3095110)

Organization type (check one):

- Filers of: Section: Form 990 or 990-EZ [X] 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

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

Special Rules

- [] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. [] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. [] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year [] \$

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

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 | Sorenson Legacy Foundation 6900 South 900 East, #230 Midvale UT 84047 | \$ 20,000 | 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 Third Street SW Washington DC 20024 | \$ 49,602 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | US Department of Justice 950 Pennsylvania Avenue NW Washington DC 20530 | \$ 412,852 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | Williamson Family Foundation 501 Silverside Rd Wilmington DE 19809 | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | Lyft 185 Berry St 5000 San Francisco CA 94107 | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | Mike Rondini 3401 Arapahoe Ave, #207 Boulder CO 80303 | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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 |
|------------|--|----------------------------|---|
| 7 | American Bar Endowment (ABE) 321 N Clark St, Ste 1400 Chicago IL 60056 | \$ 20,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | Jennifer LaCoss 2818 Whisper Path St San Antonio TX 78230 | \$ 5,071 | 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

| Description | Amount |
|--------------------|--------|
| Credit card points | \$ 580 |
| Total | \$ 580 |

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 | | World Two Systems | PO Box 471 | | Grantham | | NH | 03753 |
| | | Virtual Practicum | 47,844 | | | | | |
| 1 | | Zapdot, Inc. | 36 Larrobee Street | | Melrose | | MA | 02176 |
| | | Virtual Practicum | 68,000 | | | | | |
| 1 | | EBinRA, Inc. | 300 Carnegie Ctr, Ste 150 | | Princeton | | NJ | 08540 |
| | | Seek Then Speak App | 15,000 | | | | | |
| 1 | Subtotal | | \$ 130,844 | | | | | |
| | Total | | \$ 130,844 | | | | | |

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

| Name | Address | | | | | | |
|---------------------|-------------------------|----------|----------|----------------|---------------------|--|--|
| City | State | Zip | Title | Avg Hrs | Compensation Amount | | |
| Ann Burdges | 115 W. Astor, Suite 208 | Colville | WA 99114 | President | 4.40 | | |
| Aurelia Sands Belle | 115 W. Astor, Suite 208 | Colville | WA 99114 | Vice President | 1.90 | | |
| Catherine Johnson | 115 W. Astor, Suite 208 | Colville | WA 99114 | Secretary | 1.20 | | |
| Stacey Mitchell | 115 W. Astor, Suite 208 | Colville | WA 99114 | Treasurer | 1.60 | | |
| Diana Faugno | 115 W. Astor, Suite 208 | Colville | WA 99114 | Director | 3.20 | | |
| Varsha N | 115 W. Astor, Suite 208 | Colville | WA 99114 | Director | 2.00 | | |
| Elizabeth Donegan | 115 W. Astor, Suite 208 | Colville | WA 99114 | Director | 1.20 | | |
| Pete Lewis | 115 W. Astor, Suite 208 | Colville | WA 99114 | Director | 1.10 | | |
| Richard Mankewich | 115 W. Astor, Suite 208 | Colville | WA 99114 | Director | 2.20 | | |
| Jenny LaCoss | 115 W. Astor, Suite 208 | Colville | WA 99114 | Director | 0.70 | | |

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

| Name | | Address | | | Title | Avg Hrs | Compensation Amount |
|--------------------|----------|---------|---------------------------------|-----|----------|------------|------------------------|
| | City | State | Zip | | | | |
| Craig Swaisgood | Colville | 115 | W. Astor, Suite 208 WA 99114 | 208 | Director | 0.40 | |
| Carol Olson | Colville | 115 | W. Astor, Suite 208 WA 99114 | 208 | Director | 0.70 | |
| Samantha Gwinn | Colville | 115 | W. Astor, Suite 208 WA 99114 | 208 | Director | 0.50 | |
| Joanne Archambault | Colville | 115 | W. Astor, Suite 208 WA 99114 | 208 | CEO | 40.00 | 145,000 |
| Total | | | | | | | <u>145,000</u> |

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

| <u>Description</u> | <u>Amount</u> |
|-----------------------------|-------------------|
| Other employee benefits | \$ 79,680 |
| Payroll taxes | 58,052 |
| Accounting services | 16,388 |
| Other professional services | 106,530 |
| Travel | 4,705 |
| Conference & meetings | 119,349 |
| Subscriptions | 12,770 |
| Other expense | 4,186 |
| Retirement plan | 26,658 |
| Advertising & promotion | 501 |
| Office expense | 43,273 |
| Insurance | 2,921 |
| Bad debt | 2,580 |
| | <u>3,197</u> |
| Total | <u>\$ 480,790</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> |
|-----------------------|------------------------------|------------------------|
| Ameriprise Investment | \$ 990,321 | \$ 1,547,422 |
| Total | <u>\$ 990,321</u> | <u>\$ 1,547,422</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 | \$ 93,933 | \$ 74,920 |
| Total | <u>\$ 93,933</u> | <u>\$ 74,920</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 | \$ 294,696 | \$ 356,351 |
| Total | <u>\$ 294,696</u> | <u>\$ 356,351</u> |

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

| <u>Description</u> | <u>Amount</u> |
|----------------------|------------------|
| Net unrealized gains | \$ 57,101 |
| Total | <u>\$ 57,101</u> |