

TAXABLE YEAR **2022** California Exempt Organization Annual Information Return

FORM

**199**

Calendar Year 2022 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** FEIN **75-3095110** Street address (suite or room) **PO BOX 343** City **COLVILLE** State **WA** Zip code **99114**

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  Dissolved  Surrendered (Withdrawn)  Merged/Reorganized Enter date: (mm/dd/yyyy)  E Check accounting method: (1)  Cash (2)  Accrual (3)  Other F Federal return filed?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 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 L Is the organization a limited liability company?  Yes  No M Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No N Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No O Is federal Form 1023/1024 pending?  Yes  No

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	1,504,001	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3	241,458	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	1,745,459	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	1,745,459	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	1,585,502	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	159,957	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.				
	Signature of officer	Title	Date	Telephone	
		PRESIDENT		509-684-9800	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	PTIN	
	Firm's name (or yours, if self-employed) and address			Firm's FEIN	
		05/18/2023	<input type="checkbox"/>	P00951009	
	DINGUS, ZARECOR & ASSOCIATES, PLLC			20-0079326	
	12015 E MAIN AVE			Telephone	
	SPOKANE VALLEY, WA 99206			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.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	●	1	1,435,223	00	
	2	Interest	●	2	67,678	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	1,100	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	1,504,001	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule <b>SEE STATEMENT 2</b>	●	9	19	00	
	10	Disbursements to or for members	●	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule <b>SEE STATEMENT 3</b>	●	11	147,545	00	
	12	Other salaries and wages	●	12	500,149	00	
	<b>Expenses and Disbursements</b>	13	Interest	●	13		00
		14	Taxes	●	14		00
		15	Rents	●	15	6,042	00
		16	Depreciation and depletion (See instructions)	●	16		00
		17	Other expenses and disbursements. Attach schedule <b>SEE STATEMENT 4</b>	●	17	931,747	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	1,585,502	00

**Schedule L Balance Sheet**

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		600,209	●	915,176
2 Net accounts receivable		38,764	●	13,777
3 Net notes receivable			●	
4 Inventories			●	
5 Federal and state government obligations <b>STMT 5</b>		1,547,422	●	1,340,429
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>		74,920	●	103,772
13 <b>Total assets</b>		2,261,315		2,373,154
<b>Liabilities and net worth</b>				
14 Accounts payable		65,632	●	128,847
15 Contributions, gifts, or grants payable			●	
16 Bonds and notes payable			●	
17 Mortgages payable			●	
18 Other liabilities. Attach schedule <b>STMT 7</b>		356,351		499,184
19 Capital stock or principal fund			●	
20 Paid-in or capital surplus. Attach reconciliation			●	
21 Retained earnings or income fund		1,839,332	●	1,745,123
22 <b>Total liabilities and net worth</b>		2,261,315		2,373,154

**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	●	-55,957	7	Income recorded on books this year not included in this return. Attach schedule <b>SEE STMT 9</b>	●	-215,914
2	Federal income tax	●		8	Deductions in this return not charged against book income this year. Attach schedule <b>SEE STMT 10</b>	●	10,486
3	Excess of capital losses over capital gains	●		9	Total. Add line 7 and line 8		-205,428
4	Income not recorded on books this year. Attach schedule <b>SEE STMT 8</b>	●	10,486	10	Net income per return. Subtract line 9 from line 6		159,957
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●					
6	Total. Add line 1 through line 5		-45,471				

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

2022

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

Employer identification number

**End Violence Against Women**

**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 Department of Justice 950 Pennsylvania Avenue NW Washington DC 20530	\$ 94,844	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Mike Rondini 3401 Arapahoe Ave, #207 Boulder CO 80303	\$ 12,900	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Mike Ekizian MD 12202 Clearfork Dr Houston TX 77077	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Jennifer LaCoss 2818 Whisper Path St San Antonio TX 78230	\$ 5,914	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	The Community Foundation of Boulder 1123 Spruce Street Boulder CO 80302	\$ 5,000	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	Kelly Finn 25142 Danalaurel Dana Point CA 92629	\$ 5,000	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.)
		\$ .....	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	\$ <u>1,100</u>
Total	\$ <u><u>1,100</u></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		EbinRA, Inc. Seek Then Speak App		300 Carnegie Ctr, Ste 150 19	Princeton		NJ	08540

## California Statements

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

Name		Address			Title	Avg Hrs	Compensation Amount
	City	State	Zip				
Ann Burdges		PO Box 343					
	Colville	WA	99114	President		7.80	
Aurelia Sands Belle		PO Box 343					
	Colville	WA	99114	Vice President		2.40	
Catherine Johnson		PO Box 343					
	Colville	WA	99114	Secretary		2.90	
Stacey Mitchell		PO Box 343					
	Colville	WA	99114	Treasurer		1.90	
Diana Faugno		PO Box 343					
	Colville	WA	99114	Director		2.90	
Varsha N		PO Box 343					
	Colville	WA	99114	Director		2.60	
Elizabeth Donegan		PO Box 343					
	Colville	WA	99114	Director		1.40	
Pete Lewis		PO Box 343					
	Colville	WA	99114	Director		4.10	
Richard Mankewich		PO Box 343					
	Colville	WA	99114	Director		3.30	
Jenny LaCoss		PO Box 343					
	Colville	WA	99114	Director		2.30	
Anna Nasset		PO Box 343					
	Colville	WA	99114	Director		3.90	
Carol Olson		PO Box 343					
	Colville	WA	99114	Director		1.20	
Samantha Gwinn		PO Box 343					
	Colville	WA	99114	Director		1.70	
Joanne Archambault		PO Box 343					
	Colville	WA	99114	CEO		40.00	147,545
Total							<u>147,545</u>



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

<u>Description</u>	<u>Amount</u>
Other employee benefits	\$ 78,850
Payroll taxes	59,863
Accounting services	16,475
Other professional services	65,646
Travel	32,323
Conference & meetings	539,997
Subscriptions	14,440
Other expense	10,483
Bad debt	146
Retirement plan	25,509
Advertising & promotion	9,169
Office expense	56,269
Information technology	9,450
Investment management fees	10,486
Insurance	2,641
Total	<u>\$ 931,747</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	\$ 1,547,422	\$ 1,340,429
Total	<u>\$ 1,547,422</u>	<u>\$ 1,340,429</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	\$ 74,920	\$ 103,772
Total	<u>\$ 74,920</u>	<u>\$ 103,772</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	\$ 356,351	\$ 499,184
Total	<u>\$ 356,351</u>	<u>\$ 499,184</u>

**Statement 8 - Form 199, Schedule M-1, Line 4 - Income Not Recorded on Books**

<u>Description</u>	<u>Amount</u>
Investment expenses	\$ 10,486
Total	<u>\$ 10,486</u>

**Statement 9 - Form 199, Schedule M-1, Line 7 - Income Recorded on Books**

Description	Amount
Net unrealized gains	\$ -215,914
Total	\$ -215,914

**Statement 10 - Form 199, Schedule M-1, Line 8 - Deductions Not Charged Against Book Income**

Description	Amount
Investment expenses	\$ 10,486
Total	\$ 10,486