

TAXABLE YEAR **2023** California Exempt Organization Annual Information Return

FORM

**199**

Calendar Year 2023 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  Dissolved  Surrendered (Withdrawn)  Merged/Reorganized Enter date: (mm/dd/yyyy)  Cash  Accrual  Other F Federal return filed?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	2,123,114	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3	424,656	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	2,547,770	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	2,547,770	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	1,976,399	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	571,371	00
Payments	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 **CEO/PAST PRESIDENT** Date **04/25/2024** Telephone **509-684-9800** Preparer's signature **DINGUS, ZARECOR & ASSOCIATES, PLLC** Date **04/25/2024** Check if self-employed  PTIN **P00951009** Firm's name (or yours, if self-employed) and address **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  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.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	●	1	2,063,968	00	
	2	Interest	●	2	57,646	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	1,500	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	2,123,114	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule <b>SEE STATEMENT 2</b>	●	9	97,000	00	
	10	Disbursements to or for members	●	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule <b>SEE STATEMENT 3</b>	●	11	209,863	00	
	12	Other salaries and wages	●	12	516,217	00	
	<b>Expenses and Disbursements</b>	13	Interest	●	13		00
		14	Taxes	●	14		00
		15	Rents	●	15	3,601	00
		16	Depreciation and depletion (See instructions)	●	16		00
		17	Other expenses and disbursements. Attach schedule <b>SEE STATEMENT 4</b>	●	17	1,149,718	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	1,976,399	00

**Schedule L Balance Sheet**

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		915,176	●	1,307,476
2 Net accounts receivable		13,777	●	94,800
3 Net notes receivable			●	
4 Inventories			●	
5 Federal and state government obligations <b>STMT 5</b>		1,340,429	●	1,414,161
6 Investments in other bonds			●	
7 Investments in stock			●	
8 Mortgage loans			●	
9 Other investments. Attach schedule			●	
10 <b>a</b> Depreciable assets				
<b>b</b> Less accumulated depreciation				
11 Land			●	
12 Other assets. Attach schedule <b>STMT 6</b>		103,772	●	75,900
13 <b>Total assets</b>		2,373,154		2,892,337
<b>Liabilities and net worth</b>				
14 Accounts payable		128,847	●	155,672
15 Contributions, gifts, or grants payable			●	
16 Bonds and notes payable			●	
17 Mortgages payable			●	
18 Other liabilities. Attach schedule <b>STMT 7</b>		499,184		378,235
19 Capital stock or principal fund			●	
20 Paid-in or capital surplus. Attach reconciliation			●	
21 Retained earnings or income fund		1,745,123	●	2,358,430
22 <b>Total liabilities and net worth</b>		2,373,154		2,892,337

**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	●	654,816	7	Income recorded on books this year not included in this return. Attach schedule <b>SEE STMT 10</b>	●	115,450
2	Federal income tax	●		8	Deductions in this return not charged against book income this year. Attach schedule <b>SEE STMT 11</b>	●	7,913
3	Excess of capital losses over capital gains	●		9	<b>Total.</b> Add line 7 and line 8		123,363
4	Income not recorded on books this year. Attach schedule <b>SEE STMT 8</b>	●	7,913	10	<b>Net income per return.</b> Subtract line 9 from line 6		571,371
5	Expenses recorded on books this year not deducted in this return. Attach schedule <b>STMT 9</b>	●	32,005				
6	<b>Total.</b> Add line 1 through line 5		694,734				

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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	US Department of Justice 950 Pennsylvania Avenue NW Washington DC 20530	\$ 133,191	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	William H. Donner Foundation 520 White Plains Rd #500 Tarrytown NY 10591	\$ 62,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MrBallen Foundation PO Box 23055 Portland OR 97281	\$ 53,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Lyft, Inc. 185 Berry Street, Ste 5000 San Francisco CA 94107	\$ 17,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	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.)
6	The Community Foundation of Boulder 1123 Spruce Street Boulder CO 80302	\$ 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	Swedish Match 1430 Blue Oaks Blvd, Ste 205 Roseville CA 95747	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Yanfeng 200 Renaissance Center #3110 Detroit MI 48243	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Foundation for Improvement of Justice 5916 E Lake Pkwy, Ste 157 McDonough GA 30253	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Jennifer LaCoss 2818 Whisper Path St San Antonio TX 78230	\$ 7,158	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	The Moe Life Foundation 6360 Via Escondido Dr Malibu CA 90265	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	Tracy Rector 201 Van Oaks Dr Colleyville TX 76034	\$ 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
13	The TRLP Fund 33 South State Street, Ste 750 Chicago IL 60603	\$ 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>1,500</u>
Total	\$ <u><u>1,500</u></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
2		EBinRA, Inc.	300 Carnegie Ctr, Ste 150	Princeton	NJ	08540		
		Seek Then Speak App	87,500					
2		Zapdot, Inc.	36 Larrobee Street	Melrose	MA	02176		
		Virtual Practicum	9,500					
2	Subtotal		\$ 97,000					
	Total		\$ 97,000					

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

Name	Address	Avg Hrs	Compensation Amount
City	State Zip		
	Title		
Joanne Archambault	PO Box 343 Colville WA 99114	40.00	112,723
Ann Burdges	PO Box 343 Colville WA 99114	40.00	97,140
Pete Lewis	PO Box 343 Colville WA 99114	6.40	
Aurelia Sands Belle	PO Box 343 Colville WA 99114	4.40	
Catherine Johnson	PO Box 343 Colville WA 99114	2.90	
Stacey Mitchell	PO Box 343 Colville WA 99114	3.50	
Diana Faugno	PO Box 343 Colville WA 99114	3.80	
Varsha N	PO Box 343 Colville WA 99114	3.60	
Elizabeth Donegan	PO Box 343 Colville WA 99114	3.50	
Richard Mankewich	PO Box 343 Colville WA 99114	3.20	
Jennifer LaCoss	PO Box 343 Colville WA 99114	3.20	



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

Name	Address			Title	Avg Hrs	Compensation Amount
	City	State	Zip			
Anna Nasset	Colville	PO Box 343 WA	99114	Director	5.70	
Carol Olson	Colville	PO Box 343 WA	99114	Director	2.10	
Samantha Gwinn	Colville	PO Box 343 WA	99114	Director	2.30	
Jackie Casey	Colville	PO Box 343 WA	99114	Director	1.30	
Sharla Jackson	Colville	PO Box 343 WA	99114	Director	1.80	
Total						<u>209,863</u>

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

Description	Amount
Other employee benefits	\$ 90,951
Payroll taxes	71,830
Accounting services	1,864
Other professional services	149,835
Investment management fees	7,913
Travel	60,894
Conference & meetings	619,255
Dues & subscriptions	4,760
Other expense	23,912
Bad debt	15,978
Retirement plan	27,729
Advertising & promotion	686
Office expense	63,107
Information technology	8,520
Insurance	2,459
Legal	25
Total	<u>\$ 1,149,718</u>

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

Description	Beginning of Year	End of Year
Ameriprise Investment	\$ 1,340,429	\$ 1,414,161
Total	<u>\$ 1,340,429</u>	<u>\$ 1,414,161</u>

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

Description	Beginning of Year	End of Year
Prepaid Expenses	\$ 103,772	\$ 75,900
Total	<u>\$ 103,772</u>	<u>\$ 75,900</u>

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

Description	Beginning of Year	End of Year
Deferred Revenue	\$ 499,184	\$ 378,235
Total	<u>\$ 499,184</u>	<u>\$ 378,235</u>

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

Description	Amount
Investment expenses	\$ 7,913
Total	<u>\$ 7,913</u>

**Statement 9 - Form 199, Schedule M-1, Line 5 - Expenses Recorded on Books**

Description	Amount
Donated services	\$ 32,005
Total	\$ <u>32,005</u>

**Statement 10 - Form 199, Schedule M-1, Line 7 - Income Recorded on Books**

Description	Amount
Net unrealized gains	\$ 83,445
Donated services	32,005
Total	\$ <u>115,450</u>

**Statement 11 - Form 199, Schedule M-1, Line 8 - Deductions Not Charged Against Book Income**

Description	Amount
Investment expenses	\$ 7,913
Total	\$ <u>7,913</u>