50m 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

AF	or the	2019 calenda	ar year, or tax year beginning July 1 , 2019, and ending	Jun	ie 30	, 20 20		
В	heck if ap	plicable:	C Name of organization	Employe	er identification	on number		
	Address cl	hange	Natonal Women's Coalition Against Violence & Exploitation		45-551414	42		
	Name cha		Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number				
	nitial retur		P.O. Box 872494		(360) 852-8	019		
_	-inai returi Amended :	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	Group	Exemption			
		n pending	Vancouver, WA 98687	Numbe	er 🕨			
G /	Account	ting Method:	✓ Cash Accrual Other (specify) ► H Che	eck ▶	if the org	anization is not		
I V	Vebsite	:► www	.NWCAVE.org req	quired to	attach Scho	edule B		
J T	ax-exem	npt status (che	ock only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Fo	rm 990,	, 990-EZ, or	990-PF).		
-			✓ Corporation ☐ Trust ☐ Association ☐ Other					
LA	dd lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	sets				
(Pai	t II, colu	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ	. ▶	\$	63,254		
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the ins	struction	ons for Pa	rt I)		
(SERVICE	area and a second		the organization used Schedule O to respond to any question in this Part I					
	1		ons, gifts, grants, and similar amounts received		1	49,569		
	2		ervice revenue including government fees and contracts		2	12,100		
	3	THE OWNER OF THE PARTY OF THE PARTY.	ip dues and assessments		3	1,585		
	4	Investment	A STATE OF THE PARTY OF THE PAR		4			
	5a	Gross amo						
	b	Less: cost						
	C	Gain or (los	. 5	5c				
	6	Gaming an						
	a	Gross inc						
9	_	\$15,000) .						
Revenue	b	Gross inco						
ě			aising events reported on line 1) (attach Schedule G if the					
II.		sum of suc	ch gross income and contributions exceeds \$15,000) 6b					
	C		et expenses from gaming and fundraising events 6c					
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtri	act				
		line 6c)			6d			
	7a		s of inventory, less returns and allowances					
	b		of goods sold					
	C		it or (loss) from sales of inventory (subtract line 7b from line 7a)	. 7	7c			
	8		nue (describe in Schedule O)		8			
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	63,254		
-	10		d similar amounts paid (list in Schedule O)		10			
	11		aid to or for members	. 1	11	25,169		
to.	12		ther compensation, and employee benefits	. 1	12			
se	13		. 1	13				
Ser	14		al fees and other payments to independent contractors		14	1,710		
Expense	15		ublications, postage, and shipping		15	4,346		
	16		enses (describe in Schedule O)	_	16	5,192		
	17	SCHOOL CONTRACTOR STATES	enses. Add lines 10 through 16	-	17	36,417		
-	18	Excess or	(deficit) for the year (subtract line 17 from line 9)		18	26,837		
Net Assets	19	Net assets	s or fund balances at beginning of year (from line 27, column (A)) (must agree w	vith				
SS		end-of-vea	ar figure reported on prior year's return)		19	18,531		
t A	20	270	nges in net assets or fund balances (explain in Schedule O)		20			
Ž	21		or fund balances at end of year. Combine lines 18 through 20	-	21	45,368		
	G- 1	1101 000010	of faile balanood at one of your combine into 10 anough 20					

Pa	rt II Balance Sheets (see the instructions for					
	Check if the organization used Schedule	O to respond to ar			• •	(B) Fad af year
			-	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			18,531	23	45,368
23	Land and buildings		-		24	
24	Other assets (describe in Schedule O)				25	4E 2G0
25 26	Total assets				26	45,368
27	Net assets or fund balances (line 27 of column	(B) must agree with	line 21)		27	45,368
INTERESTINATION IN	t III Statement of Program Service Accomp					43,300
ı aı	Check if the organization used Schedule					Expenses
Wha	t is the organization's primary exempt purpose?					uired for section
						c)(3) and 501(c)(4) nizations; optional for
as n	cribe the organization's program service accomplis neasured by expenses. In a clear and concise man ons benefited, and other relevant information for ea	anner, describe the	services provided	, the number of	othe	
28	Women's Festival Northwest will be held on July 31, 2		et due to COVID-19) to	educate and		1
20	create awareness of NWCAVE program services. Adv					
	place this year.	variced planning to re	dell our gour or doo	attoridees took		
		includes foreign gra	nts. check here .	▶□	28a	20,066
29	Missing Children's Division aids local law enforcement	The state of the s				
	one body was found. Support to A Village for One, a					
	County Search and Rescue as well as friends and fan					
	(Grants \$) If this amount	includes foreign gra	nts, check here .	🕨 🗆	29a	3,432
30	WA Says No More champions the NO MORE campaig					
	and young adults. Visits to the local colleges and dis	tributing 2,500 coffe	e sleeves to local cof	fee houses has		
	created an awareness to over 3,000 people.					
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 🗆	30a	1,679
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ □	31a	
20						
32	Total program service expenses (add lines 28a t				32	25,177
_	t IV List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not comp	ensated—see the in		
_		Employees (list each	n one even if not comp ny question in this	pensated—see the in Part IV		
_	t IV List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not comp	pensated — see the in Part IV	struc ee (e)	ctions for Part IV)
Par	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	O to respond to an (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	struc ee (e)	etions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to an (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	struc ee (e)	ctions for Part IV)
Par Mich	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	O to respond to ar (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	struc ee (e)	ctions for Part IV)
Par Mich	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title nelle Bart, President	O to respond to ar (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	struc ee (e)	ctions for Part IV)
Par Mich Chris	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title nelle Bart, President	PEmployees (list each O to respond to ar (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	struc ee (e)	ctions for Part IV)
Par Mich Chris	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title melle Bart, President stine Gackle, Treasurer	PEmployees (list each O to respond to ar (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc ee (e)	ctions for Part IV)
Par Mich Chri	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title melle Bart, President stine Gackle, Treasurer	PEmployees (list each O to respond to an (b) Average hours per week devoted to position 30	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc ee (e)	Estimated amount of other compensation
Par Mich Chri	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title nelle Bart, President stine Gackle, Treasurer	PEmployees (list each O to respond to an (b) Average hours per week devoted to position 30	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc ee (e)	Estimated amount of other compensation
Mich Chris Anje	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title nelle Bart, President stine Gackle, Treasurer	Pemployees (list each O to respond to an (b) Average hours per week devoted to position 30	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc 	Estimated amount of other compensation
Mich Chris Anje	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title delle Bart, President stine Gackle, Treasurer da Glueckert, Secretary or Johnson, Director of Communications	(b) Average hours per week devoted to position 30	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	struc 	Estimated amount of other compensation
Mich Chris Anje Tayl	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title delle Bart, President stine Gackle, Treasurer da Glueckert, Secretary or Johnson, Director of Communications	PEmployees (list each O to respond to an (b) Average hours per week devoted to position 30	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	strucción (e) con	Estimated amount of other compensation
Mich Chris Anje Tayl	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title delle Bart, President stine Gackle, Treasurer da Glueckert, Secretary or Johnson, Director of Communications in Helm, Director Gift of Lift	PEmployees (list each O to respond to an (b) Average hours per week devoted to position 30	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	strucción de la companya de la compa	Estimated amount of other compensation
Mich Chri Anje Tayl Robi	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title delle Bart, President stine Gackle, Treasurer da Glueckert, Secretary or Johnson, Director of Communications in Helm, Director Gift of Lift	PEmployees (list each O to respond to an (b) Average hours per week devoted to position 30 2 2 4 4 2	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	structure (e) control (e) cont	Estimated amount of other compensation
Mich Chri Anje Tayl Robi	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title delle Bart, President stine Gackle, Treasurer da Glueckert, Secretary or Johnson, Director of Communications in Helm, Director Gift of Lift Anderson, Director of Missing Children's Division	PEmployees (list each O to respond to an (b) Average hours per week devoted to position 30 2 2 4	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	strucción (e) con	Estimated amount of other compensation
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Part	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this				
	Instructions for Part V.) Check it the organization used Schedule O to respond to any question in the) i dit	Yes	No	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		1	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	05-		,	
h	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		V	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a				
b	Did the organization file Form 1120-POL for this year?	37b		1	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1	
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	000			
39	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on line 9				
40a	Gross receipts, included on line 9, for public use of club facilities	1			
40a	section 4911 ► ; section 4912 ► ; section 4955 ►				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958				
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I				
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed				
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1	
41	List the states with which a copy of this return is filed ► OR, CA, WA				
42a	The organization's books are in care of P	360) 8	52-80° 662	19	
b	Located at ► 4505 NE Plains Way Ste 87 Vancouver, WA At any time during the calendar year, did the organization have an interest in or a signature or other authority over			No	
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1	
	If "Yes," enter the name of the foreign country ▶				
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and				
С	Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		1	
	If "Yes," enter the name of the foreign country ▶	-			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year				
44-	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No	
44a	completed instead of Form 990-EZ	44a		1	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	-	1	
c	Did the organization receive any payments for indoor tanning services during the year?	44c		1	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	44-1			
AE	explanation in Schedule O	44d 45a	-	1	
45a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	.00			
2	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of				
	Form 990-EZ. See instructions	45b		1	

								Yes	No
46		ne organization engage, directly or in							
		ndidates for public office? If "Yes," c		Part I			. 46		1
Part '	VI S	Section 501(c)(3) Organizations	Only						
Ministration 22		All section 501(c)(3) organizations	s must answer que	stions 47-49b and	152, and co	mplete the	e tables t	or lin	es
		50 and 51.							
	(Check if the organization used Sch	edule O to respond	to any question in	this Part VI				. 🗆
								Yes	No
47	Did th	ne organization engage in lobbying	activities or have a	section 501(h) electi	on in effect	during the	tax		
	year? If "Yes," complete Schedule C, Part II								1
48	Is the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes." complete	Schedule E		. 48		1
49a		ne organization make any transfers to					. 49a		1
b		s," was the related organization a se					. 49b	-	T .
50	Comp	blete this table for the organization's	five highest compen	ested employees (at					nd kev
50	omple	oyees) who each received more than	\$100 000 of compen	sated employees (or	anization If t	here is non	e enter"N	Vone.	,
	ciripic	yees) who each received more than		T		benefits,	-,		
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions	to employee	(e) Estimat		
	(a)	Name and the or each employee	devoted to position	(Forms W-2/1099-MISC		, and deferred ensation	other cor	npensa	tion
					Compe	ansauon			
None									
				<u> </u>					
f	Total	number of other employees paid over	er \$100,000	. ▶					
51		olete this table for the organization'			t contractor	s who each	n received	more	e than
0.	\$100,	,000 of compensation from the orga	nization. If there is no	one, enter "None."					
	***************************************				nico	10) Compensa	tion	
	(a)	Name and business address of each independ	ent contractor	(b) Type of se	rvice	10	Compensa	don	
None		The second section of the sect							
Taoric									
-								V	
				1					
				 					
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-							· · · · · · · · · · · · · · · · · · ·		
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	-		-Assa cook	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
d		number of other independent contra			. •		L -		
52		the organization complete Schedu	ile A? Note: All se			nust attac			No
		bleted Schedule A	<u> </u>	· · · · · ·			.► ✓ Ye		-
Under p	enalties	of perjury, I declare that I have examined this rd complete. Declaration of preparer (other than	eturn, including accompar	lying schedules and stater	nents, and to th r has any knowl	e best of my k edge.	nowledge an	id belief	, it is
true, co	rrect, an	d complete. Declaration of preparer (other than	L Dased on all line	ornation of which prepare	That any known	7/0-	10 -	4.0	
		WandayCos	ii			1122	1202	0	
Sign		Signature of officer			Da	ile			
Here		Wanda Costi, Director of Finance		war a same a					
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature		Date	Check] if PTIN		
Prep						self-emple	oyed		
1100		Firm's name ▶			Fir	m's EIN ▶	// see (
Use	Only	Firm's name ► Firm's address ►		and the state of t		rm's EIN ▶ none no.			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Inspection **Employer identification number**

D			Against Violence & Exp		to this n	45-551	
Par	SEE SEE						ns.
21.41	organization is not a private founda						
1	A church, convention of churc						
2	A school described in section						
3	A hospital or a cooperative ho						
4	A medical research organization hospital's name, city, and state	e:					
5	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)					al unit described in
6 7	☐ A federal, state, or local gover☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its supp				the general public
8	A community trust described i	7.2					
9	An agricultural research organ or university or a non-land-grauniversity:	nt college of agr	iculture (see instruction	ons). Ente	r the nam	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt full tincome and uni	nctions—subject to co related business taxal	ertain exc ole incom	eptions, e (less se	and (2) no more than ection 511 tax) from	າ 33¹/₃% of its
11	An organization organized and						
12	☐ An organization organized and						ry out the purposes
	of one or more publicly support	orted organizatio	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). See	section 509(a)(3).
	Check the box in lines 12a thro	-					
а	☐ Type I. A supporting organ the supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t	ted organization(s), he directors or truste	ees of the
b		nization supervis	sed or controlled in co	nnection	with its s	upported organization	on(s), by having
	control or management of organization(s). You must	complete Part I	V, Sections A and C.				
С	Type III functionally integ its supported organization	(s) (see instructio	ns). You must comp	lete Part	IV, Secti	ons A, D, and E.	
d	Type III non-functionally that is not functionally inte requirement (see instructionally interest)	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	rted organization(s) d an attentiveness
е	Check this box if the organ functionally integrated, or	nization received Type III non-fund	a written determination	on from the oporting of	ne IRS that organizati	at it is a Type I, Type on.	II, Type III
f	Enter the number of supported						
g	Provide the following information	n about the supp					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))		rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							*
Tota							

Scriedule A (i	5 A (1 0111 330 01 330 LZ) 2013		. 48				
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(v	i)				
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under						
	Part III. If the organization fails to qualify under the tests listed below, please con	nplete Part III.)					
Section A	on A. Public Support						
	() and () () an	0 1 1 0010	10 - 1				

OCCL	on A. I done oupport						
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	ALLA COLLEGE C					
5	The portion of total contributions by						
•	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Secti	on B. Total Support		<u> </u>	the second secon			
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business				14 15 Hallman		
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	. (see instructi	ons)			12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he						🕨 🗆
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2019 (line 6					14	%
15	Public support percentage from 2018 Sch	nedule A, Part	II, line 14 .			15	%
16a	331/3% support test-2019. If the organi	ization did not	check the box	x on line 13, a	nd line 14 is 3	31/3% or more,	check this
	box and stop here. The organization qua						
b	331/3% support test-2018. If the organi	zation did not	check a box o	on line 13 or 16	Sa, and line 15	is 331/3% or m	nore, check
	this box and stop here. The organization	Available to the second of the	A CONTRACTOR OF THE SECOND OF				(Alasgeon)
17a	10%-facts-and-circumstances test-20	019. If the org	anization did r	ot check a bo	x on line 13, 1	6a, or 16b, an	d line 14 is
	10% or more, and if the organization me	eets the "facts	-and-circumst	ances" test, c	heck this box	and stop here	Explain in
	Part VI how the organization meets the "						
	organization						
b	10%-facts-and-circumstances test-20	018. If the org	anization did r	not check a bo	ox on line 13,	16a, 16b, or 17	a, and line
	15 is 10% or more, and if the organiza	ation meets th	ne "facts-and-o	circumstances	" test, check	this box and	stop here.
	Explain in Part VI how the organization n						
	supported organization						
18	Private foundation. If the organization di						h p
	instructions						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support						
***************	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	62,010	38,170	68,224	43,558	61,669	273,631
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	8,080	3,898	1,409	1,643	1,585	16,615
3	Gross receipts from activities that are not an unrelated trade or business under section 513	678	706	4,266	43	0	5,693
4	Tax revenues levied for the	0,0	700	.,200			
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	70,768	42,774	73,899	45,244	63,254	295,939
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b						295,939
Secti	on B. Total Support					<u> </u>	230,000
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	70,768	42,774	73.899	45,244	63,254	295,939
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	70,700				10	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	70,768	42,774	73,899	45,244	63,254	295,939
14	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	's first, second				
Secti	on C. Computation of Public Support						
15	Public support percentage for 2019 (line			3, column (f))		15	100.0 %
16	Public support percentage from 2018 Sc					16	100.0 %
	on D. Computation of Investment In						
17	Investment income percentage for 2019 (17	0 %
18	Investment income percentage from 2018	3 Schedule A, F	Part III, line 17			18	0 %
19a	331/3% support tests—2019. If the organ 17 is not more than 331/3%, check this box	and stop here.	The organization	n qualifies as a	publicly suppo	rted organization	on . ▶ 🗸
b	331/3% support tests—2018. If the organization 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d						

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.

➤ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number 45-5514142

	National Women's Coalit	ion Against Violence & Exploitation	45-5514142			
Description of Expenses (Page 1, line 16)						
EXPENSES	AMOUNT					
Business License Fee	\$ 181					
Websites Marketing	3,258					
Training	86					
Insurance	1,189					
Memberships and Dues	478					
Total Expenses	\$ 5,192					