

HUMAN SERVICES COMMITTEE
NEW

EVE, Inc.
Services for Victims of Domestic Violence

ALL APPLICATIONS MUST BE SUBMITTED BY
JUNE 8, 2007, 5:00 p.m. to:

RECEIVED

Ingham County Deputy Controller
P. O. Box 319
Mason, Michigan 48854
(517) 676-7209

JUN 08 2007

INGHAM COUNTY
CONTROLLER'S OFFICE

2008
INGHAM COUNTY
COMMUNITY AGENCY FUND APPLICATION

Proposal Title: Services for Victims of Domestic Violence Amount Requested: \$15,540
Organization: EVE, Inc. Contact Person: Susan Shoultz
Address: PO Box 14149 Phone Number: 517-372-5976
Lansing, MI 48901 Fax Number: 517-702-908
Web: www.eveinc.org Email: executivedirector@eveinc.org

Please indicate the names and titles of persons who are authorized to execute agreements on behalf of your organization:

Name: Denise Quarles Name: Susan Shoultz
Title: President, EVE Board of Directors Title: Executive Director

A. Applicant Status

1. Nonprofit Organization
 501(c)(2) 501(c)(3)
 501(c)(4) 502(c)(3)
 Other (specify) _____
2. Business organization (profit): _____
3. Unit of government including schools (specify): _____
4. Not incorporated (specify legal and/or professional status of the requesting individual):

5. How long has the applicant agency been in business? 30 years
What is the number of full-time equivalent positions currently employed? 17.25 FTE (includes PPO office and Domestic Violence Support Unit)
How many volunteers are currently involved? 114 unduplicated individuals YTD

B. **Proposed Summary:** Please summarize what is proposed to be accomplished. (Attach a sheet if additional information is necessary):

EVE, Inc. will help the victims of dating, domestic and sexual violence and their children increase their physical and emotional safety when through the 24 hour crisis line, participation in planning sessions with an advocate to determine their needs and how to meet those needs and participate in individual, group or family counseling to increase feelings of self confidence and the ability to influence their lives. The proposal will help the agency serve a portion of the 400 domestic violence victims and their children that will find physical safety at EVE's House emergency shelter during FY 07-08; 200 women that will participate in advocacy to gain access to services to meet the basic needs for safety, legal protections, health services, safe housing, employment; the 570 women and children will participate in counseling where they experience greater feelings of self confidence and will express an ability to influence and control their lives.

C. **Please enclose the following information with this application:**

1. Required Proposal Information (see attached explanation)
2. Detailed Scope of Work (see attached application)
3. Proposed Budget (see attached explanation)
4. Last Year's Financial Statement
5. Copy of Most Recent 990 Form or Current certified audit
6. Copy of Current Year Budget
7. Current list of Board of Directors
8. Federal Tax Identification Number: 38-2211520
9. Documentation of Tax Exempt Status from Internal Revenue Service

REQUIRED PROPOSAL INFORMATION

1. a. The one specific County objective or area of priority this proposal primarily addresses is assisting citizens in meeting their basic needs. EVE, Inc. focuses first on the need for physical and emotional safety from abusive behavior and supporting clients as they try to start their lives anew.
b. Other County objectives that may also be impacted are fostering appropriate youth development and assuring judicial processing. EVE, Inc. provides prevention education for young people as well as individual and support group counseling for youth who have experienced violence in their homes. Secondly, EVE, Inc. provides technical assistance to victims of domestic violence with the personal protection order process and court support during personal protection order hearings.

2. a. This proposal involves coordination / collaboration with County services, other local governments and other agencies in the following ways:
Law enforcement- EVE, Inc. works directly with law enforcement agencies throughout the county providing information regarding personal protection orders, updates on cases and serving victims that law enforcement officers bring or refer to our agency. Lansing, East Lansing, MSU, Mason, Meridian Township and the Ingham County Sheriff's Office sit on the STOP grant committee that oversees the personal protection order process and provide input on the enhancement of collaborative relationships through the development of new procedures or policies and problem solving. EVE, Inc. provides training to officers regarding domestic violence and the personal protection order process as requested by the departments. While no longer a recipient of moneys from the DART Grant, LPD has continued to work actively with the team members.

Courts- EVE's staff provides technical assistance with personal protection orders and court support during personal protection order hearings. Judge Boyd, 55th District Court, accesses EVE's advocacy services at the Domestic Violence Support Unit housed in the Sheriff's Office in Mason or asks the victims to access the DVSU. The judges' Judicial Assistants and the Personal Protection Order Office staff work together closely to maintain open communications regarding personal protection order hearings and emergency situations that may necessitate immediate protections. EVE participates in quarterly meetings with Judge Krause, at her request, to assess any problem areas encountered with domestic violence cases. Judge Krause asked that an advocate is present when Judge Krause considers lifting a "no contact" order and EVE provides this coverage on a scheduled basis.

Probation- Probation, Prosecutor's Office and EVE are collaborative partners on Grants to Encourage Arrests: Domestic Assault Response Team (DART) to address high lethality domestic violence cases in Lansing. The probation officer assigned to the grant meets weekly with EVE's victim advocate. The probation officer is immediately notified by the Personal Protection Order Office of probation violations and the probation officer immediately issues a pick up order.

Greater Lansing Homeless Resolution Network (GLHRN) - EVE is an active member on all levels in this organization that works to end homelessness in Ingham County. The City of East Lansing, City of Lansing, DHS, Work First, Community Mental Health, homeless shelters and local support service providers such as CACS, Salvation Army and Red Cross are a part of the network. This group applies for HUD moneys for Ingham County projects. We hope to recruit individuals and organizations that are more "out county" or non-Lansing based to develop a more county-wide approach.

Ingham County Fetal Infant Mortality Review (FIMR) of the Public Health Department. EVE sits on this review committee as a representative of the domestic violence server provider community. The committee assesses fetal and infant deaths to determine if some aspect of care could have been better addressed so as to have prevented the death.

Department of Human Services: Family to Family Team Decision Making (TDM) participant and Building Community Partnerships committee member. At the invitation of DHS, EVE sits at the table when Child Protection Services addresses the removal of a child from a family where domestic violence is suspected or has been established. EVE provides information and support to the parent and addresses any myths about domestic

violence that may surface during the meeting. This is to assure that myths do not negatively impact the decision making process.

Ingham County Prosecutor's Office-Ingham County provides office space for the Personal Protection Order Office at the Veteran's Memorial Courthouse. Collaborative partner on the DART grant and the STOP grant committee. Invited EVE to sit on a Juvenile Justice Block Grant Advisory Committee just being formed.

Juvenile Court Probation Officers- EVE works with the probation officers regarding referrals of middle school girls to a collaborative program provided by EVE and the Girl Scouts of Michigan Capital Council. The program is viewed by the officers as a positive part of the probation process for these young women. EVE maintains communication with the officers to provide needed information about the participants.

The cities of East Lansing and Lansing provide grant funds to EVE. Lansing has traditionally provided \$4,500 in ESG funds and \$28,000 in General Funds. East Lansing will provide \$7,000 in 07-08 for community education and \$7,000 for shelter, counseling/advocacy, and personal protection orders.

b. There is one other program that provides shelter and support services to victims of domestic violence in Ingham County and that is MSU Safe Place whose mission is to provide these services to students, faculty, staff or their partners.

3. a. There has been no request made for funds from Ingham County for 5-7 years.

b. It is the expectation of the Board of Directors and agency management that there will be an expansion of agency development efforts that will include securing additional grants for collaborative efforts, growing the agency's 3 events through corporate sponsorships, and developing individual donor relationships.

4. a. EVE, Inc. made requests of Capital Area United Way, Michigan State Housing and Development Authority, City of Lansing, City of East Lansing, Mason Area United Way, Michigan Domestic Violence Prevention and Treatment Board to assist with this project. The CAUW, MSHDA, Mason Area United Way and City of East Lansing have each reduced the amount of money they plan to provide to EVE during the 07-08 year. The projected decrease to EVE for these specific programs for the year is \$11,650. The City of Lansing has however decided to re-examine its priorities and awarded EVE and additional \$5,000 for the coming year.

Other grant requests have been made to Dart Foundation, Avon Foundation, Granger III, Jackson National Life, Meijer Foundation and Ingham County Bar Association. Meijer and Jackson National Life have responded and declined to assist. We await responses from the others. Meanwhile new grant applications are being prepared for grants that we have received in the past, the Mary Kay Ash Foundation, Rite Aid Foundation and the Granger Foundation.

b. Does the proposal anticipate utilizing funds from other sources? Yes

To what extent is the other funding assured? Funding from the City of Lansing, Capital Area United Way and Mason Area United Way are committed and a portion of the grants will be used towards this project. To assure work study dollars are available to the law students that we employ, the work- study grant is in place at the time of the hiring of the student.

DETAILED SCOPE OF WORK

The Scope of Work should contain:

1. A statement regarding the general nature of the services and population with which your agency concerns itself.
EVE, Inc. provides shelter and supportive services including counseling, personal advocacy, personal protection order assistance, court support to the victims of domestic violence and their children while seeking to end domestic violence through public awareness, community education and professional trainings.
2. A statement explaining how the proposal will address the County's long-term objectives and specified areas of priority.
The services provided by EVE, Inc. speak specifically to the basic needs for safe, secure environment as the base for further assistance to empower victims of domestic violence to re-gain control over their lives. EVE's first question I, Are you safe? When the answer is yes then client can begin to access the support, information, referrals and protections to help restructure their lives. EVE, Inc. provides specialized shelter, advocacy and counseling services and helps clients access other community based resources to achieve job training, housing assistance, health care, clothing for the workplace, financial assistance for re-location when necessary.
3. A statement detailing the specific services which will be provided by Ingham County's appropriation. A statement of the specific target group for these areas.
EVE, Inc. services are focused first on the basic human need for physical and emotional safety which is met through the 24 hour crisis line, emergency shelter and the personal protection order assistance process that leads to legal protections by the court. Next are the healing components to chart a life free of violence that are counseling, including individual, support group and family counseling with the children involved, and the personal advocacy of providing support, resources, referrals to connect the client with community agencies and their services. Ingham County's appropriation will support .59 FTE Crisis Line, .28 FTE Advocate and .13 FTE Counseling; professional liability insurance in proportion to staffing support proposed, proportional telephone (crisis line) support, office supplies of paper and one printer toner for each of the three areas of responsibility.
4. EVE, Inc. is named as Ingham County's domestic violence service provider by the Michigan Domestic Violence Prevention and Treatment Board. All victims of domestic violence in Ingham County and their children are eligible for EVE, Inc. services and programs.
5. This request is for the 2008 year. EVE, Inc. requests support for its 24- hour crisis line (women and men), an Advocate that works primarily with the clients to assure that their basic needs are met 5 days a week 9am-9pm; counseling for clients 10 am- 6pm M-W-F, 10 am-9pm T & Th. With some weekend appointments made available as well. The target population is adult victims of dating, domestic and sexual violence and their children.

BUDGET

The Proposed Line Item Budget should be structured to address three major areas: Personnel Services, Professional and Contractual Services, Operating Expenses. Examples of these groups are as follows:

	<u>Requested Funds</u>	<u>Other Sources</u>	<u>Total</u>
1. <u>Personnel Services</u>			
a. Salaries & Wages	\$11,388.00	\$47,250.00	\$58,638.00
b. FICA/Medicare	\$871.00	\$3,615.00	\$4,486.00
c. Unemployment		\$612.00	\$612.00
d. Fringe Benefits (may be further subdivided)		\$9,401.00	\$9,401.00
e. Overtime			
f. Temporary			
g. Work Study Wages	\$2,450.00	\$8,406.00 (includes FICA/ Medicare, Unemp.)	\$10,856.00
2. <u>Professional and Contractual</u>			
a. Medical Services (for recipient population)			
b. Accounting Services			
c. Membership/Subscriptions			
d. Federal or State grant match			
e. Office Equipment Leases			
f. Maintenance Agreements			
3. <u>Operating Expenses</u>			
a. Telephone	\$255.00	\$8,245.00	\$8,500.00
b. Rent			
c. Utilities			
d. Postage			
e. Office Supplies	\$240.00		
f. Travel			
g. Insurance	\$336.00	\$10,879.00	\$11,215.00
TOTAL	\$15,540.00	\$88,408.00	\$103,708.00

10/06-9/07 Budget

10/06-9/07 Budget

Expense	
6100 · Wages	576,553
6200 · Payroll Taxes-mandated	55,231
6300 · Fringe Benefits	68,814
6560 · Payroll Expenses	175
7000 · Client Assistance 1800	
Total 7000 · Client Assistance	1,800
7100 · Communications	
Total 7100 · Communications	37,974
7300 · Contract Services	6,500
7310 · Grant Administration	500
7500 · Dues- Fees- Subscriptions	2,215
7600 · Fund Raising Expenses	10,700
7700 · Insurance-Agency Package	11,275
7800 · Interest Expense	29
7900 · Maintenance & Repair (Admin Bldg)	500
7901 · Maintenance & Repair - IT	883
7910 · Meals	800
8000 · Miscellaneous	100
8300 · Shelter Expenses (Occupancy)	
Total 8300 · Shelter Expenses (Occupancy)	32,340
8400 · Supplies	
Total 8400 · Supplies	9,097
8500 · Training	4,953
8600 · Transportation	
Total 8600 · Transportation	5,625
8700 · Utilities	3,500
8800 · Credit Card Fees	1,200
8901.a · Uncollectible Contract	0
Total Expense	830,764
Net Ordinary Income	27,124
7400 · Depreciation	27,124
Net Income	0

Capital purchases/pmts (cash required):

1500 · Office Equipment	0
Yard Sale (\$ from previous years)- replace van	5,840
1620 · Building Improvements (Shelter)	0
NET REQUIRED	-5,840

Board of Directors

First Name	Last Name	Occupation	Board Position/ Committee	Board Term
Louise	Alderson	Judge - City Hall, 6th Fl 54-A District Court	Long Range Planning	2004- 2007
Brendon	Basiga	Attorney	Fund Dev.	2007
Julie	Dodds, MD	Mid-Michigan Physicians Sports Medicine	Fund Dev.	2004- 2007
Jean- Claude	Dutes, PhD	MSU Rehabilitation Medicine Clinic	Community Impact	2004- 2007
Dennis	Harney	Business Owner	Finance, Bd Recruitment & Nominating	2005- 2008
Diana	Henthorne- Stoddard	Director of Health Information Mgmt & Chief Privacy Officer	Vice President, Executive, Finance, Long Range Planning	2005- 2008
Patricia	Herring Jackson, PhD	MSU, Asst Research Professor, Dept of Microbiology & Molecular Genetics	Long Range Planning, Community Impact	2005- 2008
Mary	Lannoye	Governor's Chief of Staff	Treasurer, Executive, Finance	2005- 2008
Dena	Lampinen	White, Schneider, Young & Chiodini, P.C.	Long Range Planning	2007
Ronalee	Polad	Retired-State of MI, Consultant-MLBA	Executive, Fund Dev, Chair	2005- 2008
Denise	Quarles	Retired-State of MI, Dept. of Corrections	President, Executive, Finance, Bd Recruitment & Nominating, Long Range Planning	2005- 2008
Richard	Znidarsic	Sparrow Health System Associate CIO (Chief Information Officer)	Secretary, Executive, Long Range Planning	2005- 2008
Susan	Shoultz	Executive Director, EVE, Inc.		
Brian	Madar	Legal Counsel, EVE, Inc.		

Internal Revenue Service

Date: September 20, 2005

EVE INC
P O BOX 14149
LANSING, MI 48901

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:

Sally Froehle
ID# 31-08058

Toll Free Telephone Number:

8:30 a.m. to 5:30 p.m. ET
877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

38-2211520

Dear Sir or Madam:

This is in response to your request of August 15, 2005 regarding your tax-exempt status.

In January 1979 we issued a determination letter that recognized you as exempt from federal income tax. Our records indicate that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that you are also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to you are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,
Cindy M. Westcott

Cindy Westcott
Manager, EO Determinations

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2005 calendar year, or tax year beginning **OCT 1, 2005** and ending **SEP 30, 2006**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization: **END VIOLENT ENCOUNTERS, INC**
 Number and street (or P.O. box if mail is not delivered to street address): **P.O. BOX 14149**
 City or town, state or country, and ZIP + 4: **LANSING, MI 48901**

D Employer identification number: **38-2211520**

E Telephone number: **(517) 372-5976**

F Accounting method: Cash Accrual
 Other (Specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates: **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number: **N/A**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: **HTTP://WWW.MSU.EDU/=CDAADMIN/**

J Organization type (check only one) 501(c)(3) (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **800,678.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue		Expenses		Net Assets	
1 Contributions, gifts, grants, and similar amounts received:					
a	Direct public support	1a	49,502.		
b	Indirect public support	1b	80,472.		
c	Government contributions (grants)	1c	551,085.		
d	Total (add lines 1a through 1c) (cash \$ 681,059. noncash \$ _____)	1d	681,059.		
2 Program service revenue including government fees and contracts (from Part VII, line 93)					
3 Membership dues and assessments					
4 Interest on savings and temporary cash investments					
5 Dividends and interest from securities					
6 a Gross rents					
b Less: rental expenses					
c Net rental income or (loss) (subtract line 6b from line 6a)					
7 Other investment income (describe _____)					
8 a Gross amount from sales of assets other than inventory					
(A) Securities					
(B) Other					
b Less: cost or other basis and sales expenses					
c Gain or (loss) (attach schedule)					
d Net gain or (loss) (combine line 8c, columns (A) and (B))					
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ 0. of contributions reported on line 1a)					
b Less: direct expenses other than fundraising expenses					
c Net income or (loss) from special events (subtract line 9b from line 9a) SEE STATEMENT 1					
10 a Gross sales of inventory, less returns and allowances					
b Less: cost of goods sold					
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)					
11 Other revenue (from Part VII, line 103)					
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 789,226.					
13 Program services (from line 44, column (B)) 619,888.					
14 Management and general (from line 44, column (C)) 99,597.					
15 Fundraising (from line 44, column (D)) 50,797.					
16 Payments to affiliates (attach schedule)					
17 Total expenses (add lines 16 and 44, column (A)) 770,282.					
18 Excess or (deficit) for the year (subtract line 17 from line 12) 18,944.					
19 Net assets or fund balances at beginning of year (from line 73, column (A)) 460,472.					
20 Other changes in net assets or fund balances (attach explanation) 0.					
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 479,416.					

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) ... (cash \$ 0, noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)	192.	192.	STATEMENT 3	
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc. **	50,646.	0.	50,646.	0.
26 Other salaries and wages	472,057.	435,905.	8,100.	28,052.
27 Pension plan contributions	4,634.	3,360.	1,274.	
28 Other employee benefits	59,222.	47,034.	5,660.	6,528.
29 Payroll taxes	45,030.	37,856.	4,712.	2,462.
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	12,516.	7,214.	2,798.	2,504.
34 Telephone	10,132.	8,918.	1,085.	129.
35 Postage and shipping	5,499.	1,410.	1,332.	2,757.
36 Occupancy	18,902.	17,742.	1,160.	
37 Equipment rental and maintenance	13,956.	13,218.	738.	
38 Printing and publications	6,190.	1,335.	173.	4,682.
39 Travel	6,204.	5,551.	404.	249.
40 Conferences, conventions, and meetings ...	1,284.	1,164.	30.	90.
41 Interest	5,288.		5,288.	
42 Depreciation, depletion, etc. (attach schedule)	26,909.	21,619.	3,255.	2,035.
43 Other expenses not covered above (itemize):				
a CONTRACTED SERVICES	43a 8,764.	3,464.	5,300.	
b OTHER	43b 6,250.	3,878.	1,278.	1,094.
c DUES AND SUBSCRIPTIONS	43c 2,589.	540.	1,834.	215.
d INSURANCE	43d 11,074.	6,999.	4,075.	
e INTERNET	43e 708.	255.	453.	
f UNCOLLECTIBLE DONATION	43f 2,236.	2,234.	2.	
g	43g			
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 770,282.	619,888.	99,597.	50,797.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

** SEE STATEMENT 2

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 8		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a	SEE STATEMENT 4	
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	145,293.
b	SEE STATEMENT 5	
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	161,682.
c	SEE STATEMENT 6	
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	20,118.
d	SEE STATEMENT 7	
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	69,409.
e	Other program services (attach schedule) SEE STATEMENT 9	
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	223,386.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	619,888.

Form 990 (2005)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45	Cash - non-interest-bearing	4,922.	45	46,381.
	46	Savings and temporary cash investments	40,000.	46	10,000.
	47 a	Accounts receivable	54,806.		
	b	Less: allowance for doubtful accounts		47c	54,806.
	48 a	Pledges receivable	35,392.		
	b	Less: allowance for doubtful accounts		48c	35,392.
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable			
	b	Less: allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	966.	53	946.
	54	Investments - securities		54	
	Liabilities	55 a	Investments - land, buildings, and equipment: basis		
b		Less: accumulated depreciation		55c	
56		Investments - other		56	
57 a		Land, buildings, and equipment: basis	612,000.		
b		Less: accumulated depreciation	175,833.	57c	436,167.
58		Other assets (describe ▶ SEE STATEMENT 10)	7,755.	58	8,602.
59		Total assets (must equal line 74). Add lines 45 through 58	604,445.	59	592,294.
60		Accounts payable and accrued expenses	35,448.	60	37,930.
61		Grants payable		61	
62		Deferred revenue	33,203.	62	24,251.
63	Loans from officers, directors, trustees, and key employees		63		
64 a	Tax-exempt bond liabilities		64a		
b	Mortgages and other notes payable STMT 11	73,586.	64b	50,697.	
65	Other liabilities (describe ▶ CAPITAL LEASE)	1,736.	65	0.	
66	Total liabilities. Add lines 60 through 65)	143,973.	66	112,878.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	418,739.	67	436,860.
	68	Temporarily restricted	33,978.	68	33,954.
	69	Permanently restricted	7,755.	69	8,602.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	460,472.	73	479,416.	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	604,445.	74	592,294.	

Part IV A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a Total revenue, gains, and other support per audited financial statements		a	842,250.
b Amounts included on line a but not on Part I, line 12:			
1 Net unrealized gains on investments	b1		
2 Donated services and use of facilities	b2	41,572.	
3 Recoveries of prior year grants	b3		
4 Other (specify): SPECIAL EVENT EXPENSES	b4	11,452.	
Add lines b1 through b4			b 53,024.
c Subtract line b from line a			c 789,226.
d Amounts included on Part I, line 12, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2		
Add lines d1 and d2			d 0.
e Total revenue (Part I, line 12). Add lines c and d			e 789,226.

Part IV B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a Total expenses and losses per audited financial statements		a	823,306.
b Amounts included on line a but not on Part I, line 17:			
1 Donated services and use of facilities	b1	41,572.	
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify): SPECIAL EVENT EXPENSES	b4	11,452.	
Add lines b1 through b4			b 53,024.
c Subtract line b from line a			c 770,282.
d Amounts included on Part I, line 17, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2		
Add lines d1 and d2			d 0.
e Total expenses (Part I, line 17). Add lines c and d			e 770,282.

Part V A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 12		49,171.	1,475.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 12
75 b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) X
75 c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? X
Note: Related organizations include section 509(a)(3) supporting organizations.
If "Yes" attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.
75 d Does the organization have a written conflict of interest policy? X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains 'NONE' in column A.

Part VI Other Information (See the instructions.)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X
78 b If "Yes," has it filed a tax return on Form 990-T for this year? N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? X
80 b If "Yes," enter the name of the organization N/A and check whether it is [] exempt or [] nonexempt
81 a Enter direct or indirect political expenditures. (See line 81 Instructions.) 81a 0
81 b Did the organization file Form 1120-POL for this year? X

Part VI Other Information (continued)

Yes No

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a X

b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 41,572.

83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X

b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X

84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A

85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a N/A

b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A

If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.

c Dues, assessments, and similar amounts from members 85c N/A

d Section 162(e) lobbying and political expenditures 85d N/A

e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A

f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A

g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A

h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A

86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A

b Gross receipts, included on line 12, for public use of club facilities 86b N/A

87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A

b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A

88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88 X

89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.

b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b X

c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.

d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.

90 a List the states with which a copy of this return is filed MI

b Number of employees employed in the pay period that includes March 12, 2005 90b 29

91 a The books are in care of SUSAN SHOULTZ Telephone no. (517) 372-5976
 Located at P.O. BOX 14149, LANSING, MI ZIP + 4 48901

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 91b X
 If "Yes," enter the name of the foreign country N/A
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country N/A 91c X

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues, 95 Interest on savings, 96 Dividends, 97 Net rental income, 98 Net rental income from personal property, 99 Other investment income, 100 Gain or loss from sales of assets, 101 Net income from special events, 102 Gross profit from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). Row 101: VARIOUS FUNDRAISING PROJECTS AND ACTIVITIES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets. Row 1: N/A

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Signature and information section including: Signature of officer (Susan Shouretz), Date (1-29-07), Type or print name and title (Exec Director), Preparer's signature, Date (01/16/07), Check if self-employed, Preparer's SSN or PTIN, Firm's name (ABRAHAM & GAFFNEY, P.C.), Address (3511 COOLIDGE ROAD, SUITE 100, EAST LANSING, MI 48823), EIN (38-2771117), Phone no. ((517) 351-6836)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

END VIOLENT ENCOUNTERS, INC

Employer identification number

38 2211520

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000

0

Part II

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

0

Part III

Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services

0

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B.)			X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990.	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b		X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning on)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	754,487.	755,476.	737,318.	753,184.	3,000,465.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	53,938.	58,869.	69,199.	62,148.	244,154.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 12(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,058.	603.	31.	330.	3,022.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	810,483.	814,948.	806,548.	815,662.	3,247,641.
24 Line 23 minus line 17	756,545.	756,079.	737,349.	753,514.	3,003,487.
25 Enter 1% of line 23	8,105.	8,149.	8,065.	8,157.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 60,070.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit of publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 3,003,487.
d Add: amounts from column (e) for lines: 18 <u>3,022.</u> 19 _____ 22 _____ 26b _____					26d 3,022.
e Public support (line 26c minus line 26d total)					26e 3,000,465.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.8994%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2004) (2003) (2002) (2001)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2004) (2003) (2002) (2001)					
c Add: amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period? If it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975 2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is - The lobbying nontaxable amount is -		
	Not over \$500,000 20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailing to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2005

Name of organization

Employer identification number

END VIOLENT ENCOUNTERS, INC

38-2211520

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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the General Rule applies to this organization because it received non-exclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization

Employer identification number

END VIOLENT ENCOUNTERS, INC

38-2211520

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MARY KAY ASH CHARITABLE FOUNDATION P.O. BOX 799044 DALLAS, TX 75379	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CAPITAL AREA UNITED WAY 1111 MICHIGAN AVE, SUITE 300 EAST LANSING, MI 48823	\$ 73,595.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CITY OF EAST LANSING 110 ABBOTT RD. EAST LANSING, MI 48823	\$ 15,299.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	CITY OF LANSING 124 W. MICHIGAN AVE. LANSING, MI 48933	\$ 61,051.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	INGHAM COUNTY DEPARTMENT OF HUMAN SERVICES 5303 S. CEDAR ST. LANSING, MI 48911	\$ 13,626.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	STATE OF MICHIGAN DEPARTMENT OF HUMAN SERVICES P.O. BOX 30037 LANSING, MI 48909	\$ 201,423.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization: **END VIOLENT ENCOUNTERS, INC**
 Employer identification number: **38-2211520**

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	INGHAM COUNTY PROSECUTING ATTORNEY'S OFFICE 303 W. KALAMAZOO LANSING, MI 48933	\$ 33,291.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	STATE OF MICHIGAN DEPARTMENT OF COMMUNITY HEALTH 201 TOWNSEND ST. LANSING, MI 48913	\$ 103,132.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	SALVATION ARMY 4281 28TH ST. GRAND RAPIDS, MI 49512	\$ 38,928.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	MSHDA 735 E. MICHIGAN AVE. LANSING, MI 48912	\$ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPECIAL EVENTS	118,298.		118,298.	11,452.	106,846.
FORM 990, PART I, LINE 9	118,298.		118,298.	11,452.	106,846.

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 2
PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
USAN SHOULTZ	49,171.	1,475.		50,646.
. PROGRAM SERVICES				
. MANAGEMENT AND GENERAL	49,171.	1,475.		50,646.
. FUNDRAISING				
TOTAL PROGRAM SERVICES				
TOTAL MANAGEMENT AND GENERAL				50,646.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				50,646.

FORM 990 SPECIFIC ASSISTANCE TO INDIVIDUALS STATEMENT 3

DESCRIPTION	AMOUNT
HELPER AND ADVOCACY	192.
TOTAL TO FORM 990, PART II, LINE 23	192.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	4
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DESCRIPTION OF PROGRAM SERVICE ONE

PERSONAL PROTECTION ORDER - PROVIDES ASSISTANCE TO VICTIMS WHO NEED AND WANT A PPO AGAINST AN ABUSIVE PARTNER. THE PAFF PROVIDES THE PROPER FORMS, PROVIDES INSTRUCTION AS TO HOW TO FILL OUT THE FORMS AND HOW THE LEGAL PROCESS WORKS.

WE ASSIST WITH MOTIONS TO MODIFY AND TERMINATE ORDERS. APPROXIMATELY 2,083 INDIVIDUALS ASSISTED.

	GRANTS	EXPENSES
FORM 990, PART III, LINE A		145,293.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE TWO

CLIENT SUPPORT - PROVIDES COVERAGE FOR THE 24-HOUR CRISIS LINE, OVERNIGHT SHELTER SECURITY, AND SUPPORT AND ASSISTANCE TO THE WOMEN AND CHILDREN RESIDING IN THE SHELTER. PROCESSES ALL SHELTER INTAKES, PROVIDES EACH RESIDENT WITH DAILY NEEDS

SUCH AS PERSONAL CARE ITEMS, CLEANING SUPPLIES, BED LINENS, BUS TOKENS, FIRST AID AND MEDICINES. ASSISTS RESIDENTS WITH COOPERATIVE LIVING EXPERIENCE. 1,632 CRISIS INTERVENTION CALLS ANSWERED.

FORM 990, PART III, LINE B

GRANTS

EXPENSES

161,682.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE THREE

CHILDRENS PROGRAM - PROVIDES CHILD CARE, SUPERVISED PLAY AND SPECIAL ACTIVITIES FOR THE CHILDREN IN RESIDENCE AT THE SHELTER. CHILD CARE IS ALSO PROVIDED FOR CHILDREN WHOSE MOTHER IS COMING TO EVE FOR NON-RESIDENT SERVICES OF

ADVOCACY OR COUNSELING. A FAMILY FOCUS GROUP IS CONDUCTED BY STAFF TO HELP WOMEN UNDERSTAND HOW DOMESTIC VIOLENCE AFFECTS THEIR CHILDREN. 333 CHILDREN SERVED.

GRANTS

EXPENSES

FORM 990, PART III, LINE C

20,118.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE FOUR

ADVOCACY - PROVIDES CASE MANAGEMENT SERVICES FOR EACH SHELTER RESIDENT AND FOLLOW-UP SERVICES UPON DEPARTURE FROM THE SHELTER. AN ASSESSMENT IS CONDUCTED WITH EACH WOMAN REGARDING POTENTIAL NEED AREAS SUCH AS MEDICAL, FINANCIAL,

LEGAL, HOUSING, AND TRANSPORTATION. BASED ON THE ASSESSMENTS, THE ADVOCATE AND THE RESIDENT CONSTRUCT AN INDIVIDUALIZED PLAN TO MEET HER NEEDS. 293 INDIVIDUALS SERVED.

	GRANTS	EXPENSES
FORM 990, PART III, LINE D		69,409.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 8
PART III

EXPLANATION

END VIOLENT ENCOUNTERS, INC. PROVIDES SHELTER, ADVOCACY, SUPPORT, COUNSELING, AND CRISIS INTERVENTION FOR WOMEN AND CHILDREN WHO HAVE EXPERIENCED DOMESTIC VIOLENCE.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 9

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
COUNSELING - 342 INDIVIDUALS SERVED		90,559.
SHELTER - 417 WOMEN AND CHILDREN		102,063.
COMMUNITY EDUCATION - 1,625 INDIVIDUALS SERVED		30,764.
TOTAL TO FORM 990, PART III, LINE E		223,386.

FORM 990	OTHER ASSETS	STATEMENT 10
DESCRIPTION		AMOUNT
CASH HELD BY CAPITAL REGION COMMUNITY FOUNDATION		8,602.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		8,602.

FORM 990	MORTGAGES PAYABLE	STATEMENT 11
DESCRIPTION		BALANCE DUE
CITY OF LANSING		50,697.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B		50,697.

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN CONTRIB	PLAN EXPENSE ACCOUNT
JESAN SHOULTZ O. BOX 14149 LANSING, MI 48901	EXECUTIVE DIRECTOR 40.00	49,171.	1,475.	0.
EDITH ST. KING O. BOX 14149 LANSING, MI 48901	PRESIDENT 5.00	0.	0.	0.
WILSE ALDERSON O. BOX 14149 LANSING, MI 48901	SECRETARY 5.00	0.	0.	0.
RY KAY SCULLION O. BOX 14149 LANSING, MI 48901	TREASURER 5.00	0.	0.	0.
RY LANNOYE O. BOX 14149 LANSING, MI 48901	DIRECTOR 5.00	0.	0.	0.

END VIOLENT ENCOUNTERS, INC

38-2211520

BRIAN MADAR P.O. BOX 14149 LANSING, MI 48901	DIRECTOR 5.00	0.	0.	0.
RONALEE POLAD P.O. BOX 14149 LANSING, MI 48901	DIRECTOR 5.00	0.	0.	0.
JEAN-CLAUDE DUTES, PHD P.O. BOX 14149 LANSING, MI 48901	DIRECTOR 5.00	0.	0.	0.
ENISE QUARLES P.O. BOX 14149 LANSING, MI 48901	VICE PRESIDENT 5.00	0.	0.	0.
ULIE DODDS, MD P.O. BOX 14149 LANSING, MI 48901	DIRECTOR 5.00	0.	0.	0.
PATRICIA HERRING JACKSON P.O. BOX 14149 LANSING, MI 48901	DIRECTOR 5.00	0.	0.	0.
MANA HENTHORNE-STODDARD P.O. BOX 14149 LANSING, MI 48901	DIRECTOR 5.00	0.	0.	0.
ANNIS HARNEY P.O. BOX 14149 LANSING, MI 48901	DIRECTOR 5.00	0.	0.	0.
CHARD ZRIDARSIC P.O. BOX 14149 LANSING, MI 48901	DIRECTOR 5.00	0.	0.	0.

ITEMS INCLUDED ON FORM 990, PART V-A

49,171.	1,475.	0.
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Tax Asset Detail 10/01/06 - 9/30/07

FYE: 9/30/2007

Asset *	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: Automobiles											
1	Automobile	1/18/02	20,000.00	0.00	0.00	18,666.67	1,333.33	20,000.00	0.00	S/L	5.0
	Automobiles		20,000.00	0.00c	0.00	18,666.67	1,333.33	20,000.00	0.00		
Group: Building and improvements											
2	Building - Improvement	9/30/00	61,513.71	0.00	0.00	12,302.76	2,050.46	14,353.22	47,160.49	S/L	30.0
3	Building - Improvement	9/30/00	43,065.00	0.00	0.00	8,613.00	1,435.50	10,048.50	33,016.50	S/L	30.0
4	Carpet	6/30/01	600.00	0.00	0.00	210.00	40.00	250.00	350.00	S/L	15.0
5	Building - Improvement	9/30/01	3,238.74	0.00	0.00	539.80	107.96	647.76	2,590.98	S/L	30.0
	Building and improvements		108,417.45	0.00c	0.00	21,665.56	3,633.92	25,299.48	83,117.97		
Group: Building-1221 N. Gr River											
6	Building - 1221 N. Grand River	9/30/00	48,455.00	0.00	0.00	9,691.02	1,615.17	11,306.19	37,148.81	S/L	30.0
	Building-1221 N. Gr River		48,455.00	0.00c	0.00	9,691.02	1,615.17	11,306.19	37,148.81		
Group: Building-1225 N. Gr River											
7	Building - 1225 N. Grand River	8/14/98	95,816.00	0.00	0.00	27,361.09	3,193.87	30,554.96	65,261.04	S/L	30.0
8	Building - Improvement	12/01/98	281,270.00	0.00	0.00	73,442.69	9,375.67	82,818.36	198,451.64	S/L	30.0
9	Barrier free room	11/09/01	3,000.00	0.00	0.00	491.67	100.00	591.67	2,408.33	S/L	30.0
10	Carpet	11/09/01	1,738.17	0.00	0.00	1,220.86	248.31	1,469.17	269.00	S/L	7.0
	Building-1225 N. Gr River		381,824.17	0.00c	0.00	102,516.31	12,917.85	115,434.16	266,390.01		
Group: Computer equipment											
27	Gateway Computer	3/25/04	1,199.51	0.00	0.00	599.75	239.90	839.65	359.86	S/L	5.0
28	Dell Tape Back-up	8/31/05	1,433.00	0.00	0.00	310.48	286.60	597.08	835.92	S/L	5.0
30	Gateway 838GM CPU	10/21/05	649.99	0.00	0.00	119.16	130.00	249.16	400.83	S/L	5.0
	Computer equipment		3,282.50	0.00c	0.00	1,029.39	656.50	1,685.89	1,596.61		
Group: Furniture and fixtures											
13	4 desks	12/08/98	1,592.42	0.00	0.00	1,592.42	0.00	1,592.42	0.00	S/L	7.0
23	Front office furniture	10/14/03	1,923.25	0.00	0.00	824.25	274.75	1,099.00	824.25	S/L	7.0
	Furniture and fixtures		3,515.67	0.00c	0.00	2,416.67	274.75	2,691.42	824.25		
Group: Land											
14	Land - 1225 N. Grand River	8/14/98	17,410.00	0.00	0.00	0.00	0.00	0.00	17,410.00	Land	0.0
15	Land - 1221 N. Grand River	8/14/98	6,755.00	0.00	0.00	0.00	0.00	0.00	6,755.00	Land	0.0
	Land		24,165.00	0.00c	0.00	0.00	0.00	0.00	24,165.00		

Tax Asset Detail 10/01/06 - 9/30/07

FYE: 9/30/2007

Asset *	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: Office equipment											
16	2 Telephone set PPO	9/28/98	500.00	0.00	0.00	500.00	0.00	500.00	0.00	S/L	5.0
18	Cannon image runner	9/02/03	5,502.00	0.00	0.00	3,392.90	1,100.40	4,493.30	1,008.70	S/L	5.0
22	Cannon Image runner IR400s	10/11/01	7,182.86	0.00	0.00	7,182.86	0.00	7,182.86	0.00	S/L	5.0
29	Canon Digital Copier	10/21/05	469.98	0.00	0.00	86.16	94.00	180.16	289.82	S/L	5.0
	Office equipment		13,654.84	0.00c	0.00	11,161.92	1,194.40	12,356.32	1,298.52		
Group: Playground equipment											
19	Playground equipment	4/30/01	3,495.75	0.00	0.00	3,495.75	0.00	3,495.75	0.00	S/L	5.0
20	Playground equipment	4/30/01	3,035.00	0.00	0.00	3,035.00	0.00	3,035.00	0.00	S/L	5.0
	Playground equipment		6,530.75	0.00c	0.00	6,530.75	0.00	6,530.75	0.00		
Group: Shelter equipment											
21	Shelter equipment (Alarm)	6/30/01	2,155.00	0.00	0.00	2,155.00	0.00	2,155.00	0.00	S/L	5.0
	Shelter equipment		2,155.00	0.00c	0.00	2,155.00	0.00	2,155.00	0.00		
	Grand Total		612,000.38	0.00c	0.00	175,833.29	21,625.92	197,459.21	414,541.17		