Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	\approx 2022 calendar year, or tax year beginning $\odot \cup \Box \Box \Box$, $2 \cup 2 Z$ and G	enaing U	<u>UN 30, 2023</u>				
3 C	heck if	C Name of organization		D Employer identific	cation number			
	Addres	EVA'S VILLAGE INC						
	Name change	Doing business as		22-2424542				
	Initial return	,	Room/suite	E Telephone number				
	Final return/	393 MAIN STREET		973-523-				
	termin ated			G Gross receipts \$	17,634,023.			
	Ameno	PATERSON, NO 0/301		H(a) Is this a group re				
	Applic tion pendir	F Name and address of principal officer: I HOMAS SIICKLE		for subordinates				
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
<u> </u>	ax-exe	empt status: X 501(c)(3) D 501(c) () (insert no.) D 4947(a)(1) o	or 527	If "No," attach a	list. See instructions			
	Vebsit			H(c) Group exemption				
<u>K F</u>	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1982 $_{ m N}$	1 State of legal domicile: NJ			
Ра	rt I	Summary						
ө		Briefly describe the organization's mission or most significant activities: PROVI						
Activities & Governance		PEOPLE STRUGGLING WITH POVERTY, HUNGER, H						
ern.		Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass				
ŏ				3	15			
8		Number of independent voting members of the governing body (Part VI, line 1b)			15			
es		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			188			
ĭ₹		Total number of volunteers (estimate if necessary)			500			
Act				7a	0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.			
				Prior Year	Current Year			
<u>e</u>		Contributions and grants (Part VIII, line 1h)		9,067,555.	12,851,726.			
Revenue		Program service revenue (Part VIII, line 2g)		3,682,787.	4,197,361.			
3e		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		21,273.	27,173.			
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-151,506.	-56,837.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,620,109.	17,019,423.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		8,421,854.	8,773,114.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ď		Total fundraising expenses (Part IX, column (D), line 25) 602,34		4 510 441	F 006 0F0			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,519,441.	5,926,259.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,941,295.	14,699,373.			
	19	Revenue less expenses. Subtract line 18 from line 12		-321,186.	2,320,050.			
let Assets or und Balances			Ве	ginning of Current Year	End of Year			
sset 3ala	20	Total assets (Part X, line 16)		19,881,567.	22,102,361.			
et A ind I	21	Total liabilities (Part X, line 26)		4,747,884.	4,463,942.			
\sim	rt II	Net assets or fund balances. Subtract line 21 from line 20		15,133,683.	17,638,419.			
			and atatama	unto and to the heat of mu	Innoulades and halist it is			
		lties of perjury, I declare that I have examined this return, including accompanying schedules t, and complete. Declaration of preparer (other than officer) is based on all information of whi			knowledge and beller, it is			
iue,	COLLEC	t, and complete. Declaration of preparer (other than officer) is based on an imormation of whi	icii preparei	nas any knowledge.				
2:~.	, >	Signature of officer		Sate				
Sigr Her		THOMAS STICKLE, BOARD TREASURER		V V				
iei	-	Type or print name and title						
		Print/Type preparer's name Preparer's signature	_	Date Check	PTIN			
aid		MARQUS WHITE MARQUS WHITE	-	3/19/24 if self-employ	一			
	arer	Firm's name SAX LLP			1-2950760			
	Only	Firm's address 389 INTERPACE PARKWAY; STE 3		THIII 3 LIN				
	y	PARSIPPANY, NJ 07054		Phone no 97	3-472-6250			
Mav	the IF	RS discuss this return with the preparer shown above? See instructions		11 110110 110.5 7	X Yes No			
uy	10 11	proparor oriottir aboto: 000 monatorio			10			

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF EVA'S VILLAGE IS TO PROVIDE CARE AND SUPPORT FOR PEOPLE
	STRUGGLING WITH POVERTY, HUNGER, HOMELESSNESS AND ADDICTION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4-	F 404 604
4a	
	BEHAVIORAL HEALTH PROGRAMS:
	EVA'S VILLAGE PROVIDES SUBSTANCE USE AND MENTAL HEALTH DISORDER
	TREATMENT IN RESIDENTIAL AND OUTPATIENT SETTINGS. RESIDENTIAL HALFWAY
	HOUSE TREATMENT IS AVAILABLE FOR MEN, WOMEN AND MOTHERS WITH CHILDREN.
	OUTPATIENT TREATMENT FOR SUBSTANCE USE AND MENTAL HEALTH DISORDERS ARE
	PROVIDED TO ADULT COMMUNITY MEMBERS. EVA'S COMPASSIONATE CLINICIANS
	PROVIDE SERVICES TO INDIVIDUALS STRIVING FOR RECOVERY FROM SUBSTANCE
	USE, TRAUMA, AND MENTAL ILLNESS. USING A CLIENT-CENTERED APPROACH, THE
	TREATMENT TEAM WORKS TO CREATE A SAFE SPACE FOR CLIENTS. WE TREAT
	CO-OCCURRING DISORDERS THROUGH INDIVIDUAL, FAMILY, AND GROUP THERAPY,
	PSYCHOEDUCATION, ILLNESS MANAGEMENT AND RECOVERY, PSYCHIATRIC SERVICES
	AND MEDICATION MONITORING
4b	(Code:) (Expenses \$2,193,610 • including grants of \$) (Revenue \$)
	COMMUNITY KITCHEN:
	EVA'S KITCHEN WAS FOUNDED IN 1982 TO HELP FEED THE HUNGRY. THE FIRST
	MEAL OF HOT DOGS AND BEANS WAS SERVED TO 30 HUNGRY INDIVIDUALS IN THE
	BASEMENT OF ST. JOHN'S CATHEDRAL, IN PATERSON. IN THE EARLY 1990'S AN
	EXPANDED KITCHEN WAS BUILT ON MAIN STREET WITH CAPACITY FOR 240 PEOPLE.
	TO HELP FEED THE GROWING NUMBER OF HOMELESS AND WORKING POOR, AN
	EXPANSION IN 2011 INCREASED THE CAPACITY TO 400.
	OUR COMMUNITY KITCHEN NOW SERVES A NUTRITIOUS BREAKFAST MONDAY-THURSDAY
	AND LUNCH WEEKDAYS, TO 400+ INDIVIDUALS IN ADDITION TO THREE MEALS A
	DAY PREPARED FOR THE MEN, WOMEN AND MOTHERS WITH CHILDREN WHO RESIDE IN
	OUR RECOVERY AND SHELTERING PROGRAMS.
	WHEN THEY COME IN FOR A MEAL, CLIENTS MAY LEARN ABOUT THE SHELTER,
4c	(Code:) (Expenses \$1,702,306. including grants of \$) (Revenue \$)
	EMERGENCY SHELTERS:
	EVA'S VILLAGE PROVIDES EMERGENCY SHELTERS FOR MEN AND WOMEN WHO ARE
	EXPERIENCING HOMELESSNESS. SERVICES INCLUDE LINKAGES TO SOCIAL
	SERVICES, PRIMARY CARE AND MENTAL HEALTH SERVICES, REFERRALS FOR
	SUBSTANCE USE TREATMENT, CLOTHING, DAILY FOOD AND BASIC LIVING
	NECESSITIES. STAFF MEMBERS WORK WITH THE RESIDENTS TO HELP THEM APPLY
	FOR HOUSING AND SUSTAINABLE EMPLOYMENT.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 1,616,916. including grants of \$) (Revenue \$)
4e	Total program service expenses 12,917,463.
	Form 990 (2022)

14350320 795584 2901 Public

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	٠٣		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f		· · · ·		\vdash
•	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			\vdash
124	Schedule D, Parts XI and XII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D		12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
14a b		 14		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		X
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1-10		
13		15		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		 ^
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		 ^
"		17		x
12	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 ''		 ^
18		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	10	-23	\vdash
19	,	40	Х	
00-	complete Schedule G, Part III	19	- 27	x
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		 ^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		x
00000	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21 Form	990	(2022)

Form 990 (2022) EVA'S VILLAGE INC
Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> X</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			₩.
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
a	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	1 30	- 22	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	(0.6.5)
232004	¥ 12-13-22	Form	JJU	(2022)

EVA'S VILLAGE INC 22-2424542 Page 5 Form 990 (2022) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 188 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

If "Yes," see the instructions and file Form 4720, Schedule N.

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

c Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

Form **990** (2022)

X

14a

17

Yes No

EVA'S VILLAGE INC 22-2424542 Page 6 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4

Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	NJ	, N	Υ
----	----------------------------------------------------------------------------	----	-----	---

- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - X Own website X Upon request Another's website
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records

KEVIN KELLY, CHIEF OPERATING OFFICER - 973-523-6220 393 MAIN STREET, PATERSON, 07501

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average	(do	not c	Posi	more	than o	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations	stee or director			irecto	Highest compensated the population of the popula	tee)	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	amount of other compensation from the organization and related
	below line)	Individua	Institution	Officer	Key employee	Highest c employee	Former			organizations
(1) EILEEN CLIFFORD	4.00									
CHAIRPERSON		Х		Х				0.	0.	0.
(2) JOHN CRIMI	4.00									
VICE CHAIRPERSON		Х		Х				0.	0.	0.
(3) THOMAS STICKLE	4.00									
SECRETARY		X		Х				0.	0.	0.
(4) ALFONSO DALOISIO JR.	6.00									
TREASURER		Х		Х				0.	0.	0.
(5) JOHN ARANEO	4.00									
BOARD MEMBER		Х						0.	0.	0.
(6) PATRICIA BARBARITO	4.00									
BOARD MEMBER		Х						0.	0.	0.
(7) ROBERT BOGOSIAN	4.00									
BOARD MEMBER		Х						0.	0.	0.
(8) DANIEL CIPOLETTI	4.00									
BOARD MEMBER		Х						0.	0.	0.
(9) ANNETTE ALTAMORE DAVILA	4.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MATTHEW FOLEY	4.00									
BOARD MEMBER		X						0.	0.	0.
(11) PETER KELLER	4.00									
BOARD MEMBER		Х						0.	0.	0.
(12) MARYROSE MCINERNEY	4.00									
BOARD MEMBER		X						0.	0.	0.
(13) PHILIP MORTILLO	4.00									
BOARD MEMBER		Х						0.	0.	0.
(14) DAVID RITTER	4.00									
BOARD MEMBER		Х						0.	0.	0.
(15) JUDITH SIEGEL	4.00									
BOARD MEMBER		Х						0.	0.	0.
(16) HOWARD HAUGHTON	50.00									
CEO				Х				192,458.	0.	35,970.
(17) KEVIN KELLY	50.00									
<u>coo</u>				X				171,654.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)	loy	,,,	((J1103		(D)	(E)	(F)
Name and title	Average hours per week	box,	not ch unles	Posi neck i ss per	ition more son is	than o s both r/trust	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) WILLIAM JOHNNY	40.00								_	_
ASSISTANT CONTROLLER						Х		118,384.	0.	0.
(19) REGINA CURCIONE ADVANCE PRACTIONER NURSE	32.00					Х		116,215.	0.	0.
								509 711	0.	25 070
1b Subtotal								598,711.	0.	35,970. 0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								598,711.	0.	35,970.
Total number of individuals (including but n compensation from the organization										8
componsation from the organization										<u> </u>

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization

4 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization: Hoport compensation for the calonidar year origing with or within	tire organization o tax your	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
SAX LLP		
PO BOX 51049, NEWARK, NJ 07101-5149	AUDIT & TAX SERVICES	135,875.
EXIGENT TECHNOLOGIES LLC		
55 MADISON AVE, MORRISTOWN, NJ 07960	IT SUPPORT	100,071.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

22-2424542

Part VIII Statement of Revenue

		Check if Schedule O contains a respons	se or note to any lin	e in this Part VIII			
			_	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
SΩ	1 2	a Federated campaigns 1a					
ant		Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events 1c	1,938,346.				
Ę,							
ig ig			5,761,932.				
ons,		3 \ , 	3,701,332.				
utio	T	All other contributions, gifts, grants, and	5 151 110				
들 된		similar amounts not included above 1f	5,151,448.				
o d		Noncash contributions included in lines 1a-1f		10 051 706			
<u>0 g</u>	r	1 Total. Add lines 1a-1f		12,851,726.			
			Business Code	4 40= 064	4 405 064		
Se	2 8	PROGRAM FEES	-	4,197,361.	4,197,361.		
ë vi	k	·	_				
Program Service Revenue	C	:	_				
ar.	C	d	_				
90 H	•	·	_				
₫	f	All other program service revenue					
	ç	Total. Add lines 2a-2f		4,197,361.			
	3	Investment income (including dividends, into	erest, and				
		other similar amounts)		27,173.			27,173.
	4	Income from investment of tax-exempt bond					
	5	Royalties	· ·				
		(i) Real	(ii) Personal				
	6 :	a Gross rents 6a	.,				
		Less: rental expenses 6b					
		` '					
		d Net rental income or (loss)	s (ii) Other				
	7 8	t and a sum	(ii) Other				
		assets other than inventory 7a					
	k	Less: cost or other basis					
Jue		and sales expenses 7b					
ther Revenue		Gain or (loss)7c					
æ	C	d Net gain or (loss)					
her	8 8	a Gross income from fundraising events (not					
ᅙ		including \$1,938,346. of					
		contributions reported on line 1c). See					
		Part IV, line 18	3a 197,913.				
	k	Less: direct expenses	3b 535,534.				
	c	Net income or (loss) from fundraising events		-337,621.			-337,621.
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19	9a 149,467.				
	k		9b 79,066.				
	(Net income or (loss) from gaming activities		70,401.			70,401.
		Gross sales of inventory, less returns					
			0a				
	Ł		0b				
		Net income or (loss) from sales of inventory					
\neg			Business Code				
sna	11 :	MISCELLANEOUS REVENUE		210,383.			210,383.
neo Me	ıı c		-				
Miscellaneous Revenue			-				
Sce		d All other revenue	-				
Ξ				210,383.			
		Total. Add lines 11a-11d Total revenue. See instructions		17,019,423.	4,197,361.	0.	-29,664.
	12	i otal i ovenue. Dee monuellono		1,,,	1 -, -, 1, 501.	ı ,	, 2,,004.

Form 990 (2022) EVA'S VILLAGE INC Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in t	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	024 711	440 014	216 026	100 561
	trustees, and key employees	934,711.	440,214.	316,936.	177,561
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	6,124,326.	F F C O O O O	072 0F1	201 005
7	Other salaries and wages	0,124,320.	5,569,990.	273,251.	281,085
8	Pension plan accruals and contributions (include	87,154.	80,382.	3,447.	3,325
_	section 401(k) and 403(b) employer contributions)	968,757.	892,098.	35,807.	40,852
9	Other employee benefits	658,166.	582,569.	33,807.	41,794
10	Payroll taxes	030,100.	302,309.	33,003.	41,/94
11	Fees for services (nonemployees):				
a	Management	14,612.	11,836.	2,776.	
	Legal	220,379.	138,440.	81,939.	
	Accounting	220,313.	130,440.	01,555.	
	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
,	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	964,582.	891,951.	56,690.	15,941
12	Advertising and promotion	701,001	352,5323		
13	Office expenses				
14	Information technology				
 15	Royalties				
16	Occupancy	628,512.	575,646.	50,386.	2,480
17	Travel	,	,	,	•
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	222,270.	193,335.	28,935.	
21	Payments to affiliates			-	
22	Depreciation, depletion, and amortization	706,018.	566,803.	134,346.	4,869
23	Insurance	217,477.	208,755.	8,722.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	FOOD	1,412,752.	1,402,702.	3,994.	6,056
b	SUPPLIES	746,865.	670,448.	60,545.	15,872
С	ALL OTHERS	314,310.	274,915.	39,395.	0
d	TELEPHONE AND INTERNET	249,798.	233,273.	16,491.	34
е	All other expenses	228,684.	184,106.	32,103.	12,475
25	Total functional expenses. Add lines 1 through 24e	14,699,373.	12,917,463.	1,179,566.	602,344
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form 990 (2022)

Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	900,588.	1	211,959.
	2	Savings and temporary cash investments	118,614.	2	2,253,404.
	3	Pledges and grants receivable, net	625,462.	3	964,855.
	4	Accounts receivable, net	402,964.	4	586,257.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ξ	7	Notes and loans receivable, net	4,500,000.	7	4,500,000.
Assets	8	Inventories for sale or use		8	
Ř	9	Prepaid expenses and deferred charges	27,145.	9	28,978.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 23,162,106.			
	b	Less: accumulated depreciation 10b 11,334,534.	12,345,224.	10c	11,827,572.
	11	Investments - publicly traded securities	858,412.	11	1,599,078.
	12	Investments - other securities. See Part IV, line 11	2,975.	12	0.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	100,183.	15	130,258.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	19,881,567.	16	22,102,361.
	17	Accounts payable and accrued expenses	717,563.	17	778,880.
	18	Grants payable	100 -00	18	
	19	Deferred revenue	100,729.	19	0.
	20	Tax-exempt bond liabilities	100 100	20	100.606
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	100,183.	21	127,626.
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons	2 206 850	22	2 005 100
_	23	Secured mortgages and notes payable to unrelated third parties	3,306,759.	23	3,225,120.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	E22 (E0		222 216
		of Schedule D	522,650.	25	332,316.
	26	Total liabilities. Add lines 17 through 25	4,747,884.	26	4,463,942.
ý		Organizations that follow FASB ASC 958, check here			
၁၁		and complete lines 27, 28, 32, and 33.	11 112 166		15,952,669.
<u>a</u>	27	Net assets without donor restrictions	14,413,466. 720,217.	27	1,685,750.
g B	28	Net assets with donor restrictions	120,211.	28	1,003,730.
ڃ		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances	00	and complete lines 29 through 33.		00	
ţş	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
et A	31	Retained earnings, endowment, accumulated income, or other funds	15,133,683.	31	17,638,419.
ž	32	Total lich littles and not specifying helphage	19,881,567.	32	22,102,361.
	33	Total liabilities and net assets/fund balances	19,001,001.	33	44,104,301.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	17	,01	9,4	23.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14	,69	9,3	73.
3	Revenue less expenses. Subtract line 2 from line 1	3	2	,32	0,0	50.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15	,13	3,6	83.
5	Net unrealized gains (losses) on investments	5		13	1,0	98.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		5	3,5	88.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	17	,63	8,4	19.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule ().			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

ZUZZOpen to Public

Inspection

Name of the organization

EVA'S VILLAGE INC

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma	-				•	nublic described in			
•		section 170(b)(1)(A)(vi). (C	•	That part of its support if	om a gove	on in the state of	ant or from the general p	pablic accorded in			
8		A community trust describe	• •	1VAVvi) (Complete Part	· II \						
9	H	An agricultural research org				nd in coni	unction with a land grant	collogo			
9	ш	-				-	-	-			
		or university or a non-land-g	rant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of the college	; OI			
40		university:	lly receives (1) more:	than 22 1/20/ of its supp	art from a	ontribution	a mambarahin taga an	d areas ressints from			
10	ш	An organization that norma	•				· ·	*			
		activities related to its exem	•	•			• •	-			
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the organization a	aπer June 30, 1975.			
		See section 509(a)(2). (Cor	•								
11	\vdash	An organization organized a	•		•			_			
12	Ш	An organization organized a	•	•	-		•				
		more publicly supported or						Check the box on			
		lines 12a through 12d that	* *								
а			•	•		•					
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting			
		organization. You must o									
b											
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	oorted			
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С			grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,			
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ections A,	D, and E.				
d			integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution rec	uirement and an attentiv	veness			
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.				
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type II, Type III				
		functionally integrated, or	Type III non-function	nally integrated supportin	ng organiz	ation.					
f	Ente	er the number of supported o	organizations								
g		vide the following information	about the supporte	d organization(s).	- /- N I - II						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?					
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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 complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	` ,	` ,	•	
	membership fees received. (Do not						
	include any "unusual grants.")	9628933.	8973398.	10098661.	9067555.	12852726.	50621273.
2	Tax revenues levied for the organ-						
	ization'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	9628933.	8973398.	10098661.	9067555.	12852726.	50621273.
	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)						1475405.
6	Public support. Subtract line 5 from line 4.						49145868.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	9628933.	8973398.	10098661.	9067555.	12852726.	50621273.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	30,753.	29,496.	3,179.	1,567.	27,173.	92,168.
9	Net income from unrelated business						
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	46,010.	58,727.	126,115.	75,083.	210,383.	516,318.
11	Total support. Add lines 7 through 10				, , , , , ,		51229759.
	Gross receipts from related activities,	etc. (see instructio	ns)				,862,725.
	First 5 years. If the Form 990 is for the	•	,				<u> </u>
	organization, check this box and stor						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), di	vided by line 11, o	column (f))		14	95.93 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	97.74 %
	33 1/3% support test - 2022. If the o					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pu	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2021. If the orga	anization did not o	check a box on line	-		
	more, and if the organization meets th	ne facts-and-circum	stances test, ched	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						s
							(Form 990) 2022

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.)

qualify under the tests listed I Section A. Public Support	oelow, please comp	plete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and	(=,/ == : :	(-7	\-,	(,	(-,	(-)
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose 3 Gross receipts from activities that						
are not an unrelated trade or bus-						
inace under coetion F10						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
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 on 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.)			fatla atittla ta		-01/a\(0) avarani-atio	
14 First 5 years. If the Form 990 is for t	· ·				. , . , .	
Section C. Computation of Publ				•••••		
15 Public support percentage for 2022			column (f))		15	%
16 Public support percentage from 202					16	/ 0 %
Section D. Computation of Inve					1 101	70
17 Investment income percentage for 2			ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If the						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizati						

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
_		
1		
2		
_		
За		
3b		
3c		
4-		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
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8		
9a		
OF		
9b		
9c		
10a		
10b		L

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
_	supervised, or controlled the supporting organization.	2		
Sec [.]	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec [.]	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec [.]	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		·	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

e Excess from 2022

(See instructions.)

Part VI

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047 Attach to Form 990 or Form 990-PF.

Department of the Treasury Internal Revenue Service

Name of the organization

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

2022

Employer identification number

EVA'S VILLAGE INC 22-2424542 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-FZ 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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization Employer identification number

EVA'S VILLAGE INC

22-2424542

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,500,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,621,335</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,078,645.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 719,931.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 379,282.	Person X Payroll

Name of organization Employer identification number

EVA'S VILLAGE INC

22-2424542

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

223452 11-15-22

Schedule B (Form 990) (2022)

Name of organization Employer identification number

EVA'S VILLAGE INC

22-2424542

		•	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

223453 11-15-22

Schedule B (Form 990) (2022)

Name of organization Employer identification number EVA'S VILLAGE INC 22-2424542 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047

Inspection **Employer identification number**

Name of the organization EVA'S VILLAGE INC

22-2424542

Pai	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nilar Funds or A	ccounts. Complete if the
	organization answered 155 on Form 555, Farthy, mile	(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held	in donor advised fun	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes"	on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a hist	orically important land area
	Protection of natural habitat		Preservation of a cert	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contributi	on in the form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
				2b
С	Number of conservation easements on a certified historic stru			2c
	Number of conservation easements included in (c) acquired a			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			ization during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspectio	n, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enfo	rcing conservation ea	sements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenu	e and expense staten	nent and
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's fi	nancial statements th	at describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Treas	sures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its reven	ue statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, o	r research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finan-	cial statements that descr	ibes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue s	tatement and balanc	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or re	esearch in furtheranc	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea	sures, or other similar ass	ets for financial gain,	provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these ite	ems:	
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2022

	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or	Other	Similar	Assets	(continu	ued)
3	Using the organization's acquisition, accession								/
	collection items (check all that apply):	•	•	· ·	Ū				
а	Public exhibition	d	Loan or excl	hange program	า				
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization	's exemp	ot purpos	se in Part	XIII.	
5	During the year, did the organization solicit or	receive donations o	f art, historical treas	sures, or other	similar a	ssets			
	to be sold to raise funds rather than to be ma						\square	Yes	☐ No
Par	t IV Escrow and Custodial Arrang							line 9, or	
	reported an amount on Form 990, Par		· ·					,	
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	or other asse	ts not in	cluded			
	on Form 990, Part X?							Yes	X No
b	If "Yes," explain the arrangement in Part XIII a								
	•	•	· ·					Amount	
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo					y?	X	Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation has been j	orovided on Pa	art XIII				X
Par	t V Endowment Funds. Complete it	the organization ans	swered "Yes" on Fo	rm 990, Part I\	/, line 10).			
	·	(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four y	years back
1a	Beginning of year balance	439,759.	438,518.	438,	882.	4:	28,181.	Į.	413,518.
b	Contributions								
С	Net investment earnings, gains, and losses		1,241.	-	364.		10,701.		14,663.
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	439,759.	439,759.	438,	518.	4:	38,882.	4	428,181.
2	Provide the estimated percentage of the curre	ent vear end balance	(line 1g. column (a)) held as:	•				
а	Board designated or quasi-endowment	•	%	,					
b	Permanent endowment	%							
С		 * %							
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organizat	tion that are held an	d administered	d for the				
	organization by:	· ·						[Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, F	Part X, lir	ne 10.			
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) Acc	cumulate	d	(d) Book	value
		basis (investm	ent) basis	(other)	depr	reciation			
1a	Land		1,71	2,113.				1,712	,113.
	Buildings			8,598.	8,8	10,59			,006.
	Leasehold improvements			7,572.		67,57			0.
	Equipment		1,82	5,655.		08,39		717	,257.
	Other			8,168.		47,97			,196.
	. Add lines 1a through 1e. (Column (d) must ed						1	1,827	,572.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 EVA'S VILLA	GE INC	22	-2424542 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	·		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1e or 11f. See Form 990. Part X. line 25	
(a) Description of liability			(b) Book value
(1) Federal income taxes			(D) Doon raids
	1		332,316.
` '	,		334,310.
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			220 216
Total, (Column (h) must equal Form 990, Part X, col. (R) line	25)		332,316.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

Fai	Complete if the expenitation answered "Vee" on Form 000. Part IV, line 129	5 WILLI	nevenue per ne	tuiii.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1	17,404,671.
1				1	17,404,071.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا م	131,098.		
a	Net unrealized gains (losses) on investments	2a	81,000.		
b	Donated services and use of facilities	2b	01,000.		
С.	Recoveries of prior year grants	2c	172 151		
d	Other (Describe in Part XIII.)	2d	173,151.	_	205 240
е	Add lines 2a through 2d			2e	385,249.
3	Subtract line 2e from line 1			3	17,019,422.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	17,019,422.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	ts With	Expenses per H	letur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	14,899,935.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	81,100.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	119,463.		
е	Add lines 2a through 2d			2e	200,563.
3	Subtract line 2e from line 1			3	14,699,372.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	14,699,372.
Pai	t XIII Supplemental Information.				, ,
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1b	and 2b: Part V. line 4:	Part 1	X. line 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additio			, , , , , , ,	Α, ΙΙΙΟ Σ, Γαιτ ΑΙ,
	2d and 45, and 1 art An, mice 2d and 45.7 lies complete time part to provide any addition	nai iinon	nation.		
PAF	T IV, LINE 2B:				
	111/ 111/1 15.				
тнт	ORGANIZATION HOLDS PARTICIPANTS' TRUST FUN	DS			
1111	ONGANIZATION HOLDD TANTICITANID TROOT FOR				
ם א ד	om v itne).				
PAI	RT X, LINE 2:				
7 C	OF TIME 20 2022 MANAGEMENT DELTETTED THAT	ב א מ בו	ONT ANT 1317A	T TT3.	TION OF
AS	OF JUNE 30, 2023, MANAGEMENT BELIEVES THAT	BASEI	J ON AN EVA.	LUA.	TION OF
	La may posterova muae avy i tabilitey as a be	m	OF INICEDES		m > 17
<u>EV</u>	Y'S TAX POSITIONS THAT ANY LIABILITY AS A RE	SULT	OF UNCERTA	TN .	TAX
POS	SITIONS WOULD NOT BE MATERIAL. MANAGEMENT C	ONTI	NUALLY EVAL	UAT.	ES
EXI	PIRING STATUTES OF LIMITATIONS, CHANGES IN T	AX L	AW, AND NEW		
AU'	CHORITATIVE RULINGS TO ASSIST IN EVALUATING	EVA'	S TAX POSIT	ION	S
<u>AC</u> (RUED INTEREST AND PENALTIES ASSOCIATED WITH	UNC	ERTAIN TAX	POS	ITIONS, IF
ANY	, WOULD BE RECOGNIZED AS PART OF THE INCOME	TAX	POSITION.	IN	COME TAX
RET	URNS ARE FILED IN THE U.S. FEDERAL JURISDIC	TION	AND STATE		

Part XIII | Supplemental Information (continued) JURISDICTIONS. U.S. FEDERAL AND STATE INCOME TAX RETURNS PRIOR TO FISCAL YEAR 2020 ARE CLOSED. PART XI, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSES 104,176. BAD DEBT RECOVERY 68,975. TOTAL TO SCHEDULE D, PART XI, LINE 2D 173,151. PART XII, LINE 2D - OTHER ADJUSTMENTS: 15,287. CHANGE IN ALLOWANCE FOR DOUBTFULL PLEDGES 104,176. SPECIAL EVENT EXPENSES 119,463. TOTAL TO SCHEDULE D, PART XII, LINE 2D PART V, LINE 4 THE BOARD OF DIRECTORS HAS ESTABLISHED A POLICY WHEREBY 100% OF AVERAGE EARNINGS ON DONOR RESTRICTED ENDOWMENT FUNDS ARE TO BE DISTRIBUTED EACH YEAR TO FUND SPECIFIC PROGRAMS OF THE ORGANIZATION NO SUCH DISTRIBUTION SHALL BE MADE TO THE EXTENT IT WOULD REDUCE THE VALUE BELOW THE ENDOWED CORPUS.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization EVA 'S V	ILLAGE INC					Employer ide 22-2424	ntification number 542
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17		
Indicate whether the organization rais	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Fotal							
3 List all states in which the organization or licensing.			utions	or has been notified	it is e	exempt from re	gistration

232081 10-27-22

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

Schedule G (Form 990) 2022

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 ANNUAL	(b) Event #2	(c) Other events	(d) Total events
				ANNUAL GOLF	2	(add col. (a) through
4			(event type)	(event type)	(total number)	col. (c))
enue						
Revenue	1	Gross receipts	1,277,968.	360,331.	497,960.	2,136,259.
	2	Less: Contributions	1,232,768.	285,988.	419,590.	1,938,346.
	3	Gross income (line 1 minus line 2)	45,200.	74,343.	78,370.	197,913.
	4	Cash prizes		13,475.		13,475.
	5	Noncash prizes		20,330.	61,170.	81,500.
penses	6	Rent/facility costs	74,596.	114,695.	88,223.	277,514.
Direct Expenses	7	Food and beverages				
Ω	8	Entertainment				
	9	Other direct expenses	70,065.	22,540.	70,440.	163,045.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			535,534.
	11					-337,621.
Pa	rt I	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
une		,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			149,467.	149,467.
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes			9,200.	9,200.
Direct I	4	Rent/facility costs			33,759.	33,759.
	5	Other direct expenses			36,107.	36,107.
	6	Volunteer labor	Yes % No	Yes % No	Yes % X No	
	7	Direct expense summary. Add lines 2 through	s 5 in column (d)			79,066.
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)			70,401.
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			
		ter the state(s) in which the organization condu	· · · -			
		he organization licensed to conduct gaming ac No." explain:				X Yes No
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·	-	/ear?	Yes X No

Sch	nedule G (Form 990) 2022 EVA'S VILLAGE INC 2	22-2424542	Page 3
11	Does the organization conduct gaming activities with nonmembers?	X Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	X No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	b An outside facility		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		70
14	Effici the fiame and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
ŀ	b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amou	ınt	
	of gaming revenue retained by the third party \$		
(c If "Yes," enter name and address of the third party:		
	- ···, -··· ··· ··· ··· ··· ··· ··		
	Name		
	Name		
	Address		
	Address		
16	Gaming manager information:		
	Name GOLDEN NOTE ENTERTAINMENT		
	Gaming manager compensation \$		
	Description of services provided PROVIDERS TABLES AND DEALERS FOR CRAPS, F	ROULETTE,	
	BLACKJACK FOR CASINO NIGHT EVENT		
	Director/officer Employee X Independent contractor		
	Biroston/officer Employee maspondent contractor		
17	Mandatany diatributions:		
17	· · · · · · · · · · · · · · · · · · ·		
â	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	V N
	retain the state gaming license?		LA NO
k	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he	
D -	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	nd Part III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G (Form 990) 2022

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number EVA'S VILLAGE INC 22-2424542 Part I Questions Regarding Compensation

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) HOWARD HAUGHTON	(i)	192,458.	0.	0.	4,001.	31,969.		0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KEVIN KELLY	(i)	171,654.	0.	0.	0.	0.	171,654.	0.
C00	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

EVA'S VILLAGE INC

Employer identification number 22-2424542

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: ADDICTION TREATMENT & HEALTH CARE RESOURCES OFFERED AT EVA'S VILLAGE AND THEY MAY CHOOSE TO TAKE THE NEXT STEP, WHETHER IT IS SEEKING SHELTER OR SUBSTANCE ABUSE TREATMENT. VOLUNTEERS WHO HELP SERVE THE MEALS ARE AN ESSENTIAL INGREDIENT IN OUR AND WE WELCOME THE PARTICIPATION OF INDIVIDUALS AS COMMUNITY KITCHEN, WELL AS LOCAL BUSINESSES, RELIGIOUS, CIVIC AND EDUCATIONAL ORGANIZATIONS WHO CHOOSE TO VOLUNTEER AS A GROUP. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ALL OTHER PROGRAMS EXPENSES \$ 1,616,916. INCLUDING GRANTS OF \$ 0. REVENUE FORM 990, PART VI, SECTION B, LINE 11B: AND FINANCE COMMITTEE REVIEW FORM 990 PRIOR THE CEO, DIRECTOR OF FINANCE, TO FILLING. THE BOARD OF DIRECTORS ALSO RECEIVE COPIES OF FORM 990 AFTER IT IS REVIEWED BY THE AFOREMENTIONED PARTIES AND BEFORE IT IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND DISCLOSE ANY POTENTIAL CONFLICTS. ANY NEW BOARD MEMBERS ARE REQUIRED TO READ THE POLICY AND DISCLOSE ANY CONFLICTS. FORM 990, PART VI, SECTION B, LINE 15:

EXPERIENCE WITH MANY OTHER NOT FOR PROFIT COMPENSATION PACKAGES. THE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

THE COMPENSATION OF THE CEO IS REVIEWED BY THE FINANCE COMMITTEE,

Schedule O (Form 990) 2022

WHICH HAS

Name of the organization EVA'S VILLAGE INC	Employer identification number 22-2424542
OVERALL COMPENSATION PACKAGE IS THEN APPROVED BY THE FINAN	CE COMMITTEE,
WHILE ANNUAL INCREASES ARE APPROVED BY THE BOARD OF DIRECT	ORS AND ARE
DOCUMENTED IN THE BOARD MINUTES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATIONS GOVERNING DOCUMENTS, CONFLICT OF INTERES	T POLICY, AND
AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN ALLOWANCE FOR DOUBLTFULL ACCOUNTS	-15,287.
BAD DEBT RECOVERY	68,975.
USE OF FACILITIES	-100.
TOTAL TO FORM 990, PART XI, LINE 9	53,588.
990, PART XII, LINE 2C	
THE PROCESS FOR OVERSIGHT OF THE OF THE AUDITED FINANCIAL	STATEMENTS
HAS NOT CHANGED.	

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

EVA'S VILLAGE INC

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

OMB No. 1545-0047

Open to Public Inspection Employer identification number 22-2424542

Part I Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.						
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		ome	(e) End-of-year assets		• • • • • • • • • • • • • • • • • • •		9
Part II Identification of Related Tax-Exempt Organiza organizations during the tax year.	tions. Complete if the organization ar	nswered "Yes" on Form 990	, Part IV, line 34,	becaus	e it had one o	or more	related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	statu	(e) blic charity s (if section			controlling Section 512(b	
				50	01(c)(3))			Yes	No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

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Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income end-of-year assets		allocations?		amount in box 20 of Schedule	partner	ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes N	0
EVA'S VILLAGE APARTMENTS LP -			EVA'S VILLAGE								
26-1924743, 393 MAIN STREET,			APARTMENTS GP								
PATERSON, NJ 07501	HOUSING	NJ	INC	UNRELATED				X	N/A	X	
]										
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Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(ti)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(l	b)(13) rolled tity?
		country)		·				Yes	No
EVA'S APARTMENTS GP INC - 29-1924535									İ
393 MAIN STREET									İ
PATERSON, NJ 07501	RENTAL REAL ESTATE	NJ		C CORP			100%		X
EVA'S CATERING INC - 47-3679496									
393 MAIN STREET									
PATERSON, NJ 07501	CATERING SERVICES	NJ		C CORP			100%		X
EVA'S KITCHEN INC 32-0460533									
393 MAIN STREET									
PATERSON, NJ 07501	CATERING SERVICES	ŊJ		C CORP			100%		X
									<u> </u>

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Yes No

1a

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				. 1b		_X_		
С	Gift, grant, or capital contribution from related organization(s)				. 1c		X		
	Loans or loan guarantees to or for related organization(s)								
е	Loans or loan guarantees by related organization(s)				. 1e		X		
f	Dividends from related organization(s)				1f		X		
g	Sale of assets to related organization(s)								
	Purchase of assets from related organization(s)						X		
i	Exchange of assets with related organization(s)				. 1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)				. <u>1j</u>		_X_		
k	Lease of facilities, equipment, or other assets from related organization(s)				. 1k		_X_		
	Performance of services or membership or fundraising solicitations for related organ					X			
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			. 1m		_X_		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			. 1n	X			
0	Sharing of paid employees with related organization(s)				. <u>1</u> 0	X			
	Reimbursement paid to related organization(s) for expenses						_X_		
q	Reimbursement paid by related organization(s) for expenses				. 1q		X		
							<u>X</u>		
	Other transfer of cash or property from related organization(s)				. 1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on whether the instructions are information on which is the instructions for information on which is the instructions for information on which is the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instruction of the instructio	ho must complete th	is line, including covered rela	tionships and transaction thresholds.					
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount	involved				
	Traine of folded organization	type (a-s)	Amount involved	Wethod of determining amount	iiivoivca				
(1)									
.,_									
(2)									
<u>. ,</u>									
(3)									
(4)									
(5)									
(6)									
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.
PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:
NAME OF RELATED ORGANIZATION:
EVA'S APARTMENTS GP INC
DIRECT CONTROLLING ENTITY:
NAME OF RELATED ORGANIZATION:
EVA'S CATERING INC
DIRECT CONTROLLING ENTITY:
NAME OF RELATED ORGANIZATION:
EVA'S KITCHEN INC.
DIRECT CONTROLLING ENTITY:

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print EVA'S VILLAGE INC 22-2424542 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 393 MAIN STREET return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 07501 PATERSON, NJ Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 Form 990-T (trust other than above) 06 12 Form 990-T (corporation) KEVIN KELLY, CHIEF OPERATING OFFICER The books are in the care of ► 393 MAIN STREET - PATERSON, NJ 07501 Telephone No. ▶ 973-523-6220 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or $_$, and ending $_$ JUN $\,$ 30 , $\,$ 2023 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)