			EXTENDED TO MAY 16, 201	6							
	0	00	Return of Organization Exempt Fro	m l	ncome Tax	⊢	OMB No. 1545-0047				
Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod	-		ons)	2014				
		of the Treasury	Do not enter social security numbers on this form as it may	-			Open to Public				
		enue Service	Information about Form 990 and its instructions is at w ar year, or tax year beginning JUL 1, 2014 and endir	ww.ir	<u>s.gov/form990.</u> UN 30, 2015		Inspection				
	heck if		f organization	ig U	D Employer identif		n number				
a	pplicab	ole:									
	Address V-DAY										
	Name chan	ge Doing bi	usiness as		94-3		9430				
	_return Final	n Number	and street (or P.O. box if mail is not delivered to street address) Room 24TH STREET 451		E Telephone numbe		5-8329				
	returr∟ termi	n		5	G Gross receipts \$	04:	1,852,482.				
	ated	nded CAN	own, state or province, country, and ZIP or foreign postal code FRANCISCO, CA 94114		H(a) Is this a group r	oturn					
	_lreturr]Appli _tion		nd address of principal officer: SUSAN CELIA SWAN		for subordinate						
	pend		AS C ABOVE		H(b) Are all subordinates						
		empt status:		527			(see instructions)				
			VDAY.ORG		H(c) Group exemption						
_		of organization:		Year	of formation: 2001	M Stat	e of legal domicile: CA				
Pa	rt I										
9	1		e the organization's mission or most significant activities: RAISE A	WAR	ENESS TO EN	עו	/IOLENCE				
Activities & Governance	AGAINST WOMEN AND GIRLS.										
verr		 2 Check this box ▶ ⊥ if the organization discontinued its operations or disposed of more than 25% of its net asse 3 Number of voting members of the governing body (Part VI, line 1a) 3 									
Ĝ	3			<u>13</u> 12							
80 00	4		Iumber of independent voting members of the governing body (Part VI, line 1b) 4 otal number of individuals employed in calendar year 2014 (Part V, line 2a) 5								
itie	5						12 25				
ži	70		of volunteers (estimate if necessary)				0.				
ĕ			business taxable income from Form 990-T, line 34				0.				
				<u> </u>	Prior Year		Current Year				
Ø	8	Contributions	and grants (Part VIII, line 1h)		7,417,801.		1,831,221.				
Revenue	9		ce revenue (Part VIII, line 2g)		0.		0.				
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		2,673.		7,345.				
œ	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		22,433.		13,916.				
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,442,907.		1,852,482.				
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		1,124,161.		861,577.				
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.		0.				
es	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		1,419,691.		1,566,514.				
ens	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25)		0.		0.				
Expenses	b	Total fundrais	ing expenses (Part IX, column (D), line 25)		2 604 540		0.018.488				
	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	·	3,624,549.		2,917,477.				
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,168,401. 1,274,506.		5,345,568. -3,493,086.				
-s	19	Revenue less	expenses. Subtract line 18 from line 12			-					
Net Assets or Fund Balances	20	Total casate /	Port V line 16)		ginning of Current Year 9,143,599.		End of Year 5,684,521.				
Asse Bali	20	Total assets (F		·	192,474.		226,482.				
Net / und	21 22		(Part X, line 26) fund balances. Subtract line 21 from line 20	·	8,951,125.		5,458,039.				
	nrt II				5,551,125.		<u> </u>				
		Ū	I declare that I have examined this return, including accompanying schedules and	statem	ents, and to the best of m	iy knov	wledge and belief. it is				
			. Declaration of preparer (other than officer) is based on all information of which pr			, s	<u>.</u>				
,											

Sign Here	Signature of officer SUSAN CELIA SWAN, EXEC	UTIVE DIRECTOR	Date
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature Date	Check PTIN
Paid	CHRIS BELLANDO		if self-employed P00541714
Preparer	Firm's name 🕒 LUTZ AND CARR, C	PAS LLP	Firm's EIN 🕨 13-1655065
Use Only	Firm's address 300 EAST 42ND ST	REET	-
	NEW YORK, NY 100		Phone no. 212-697-2299
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	n 990 (2014) V-DAY	94-3389430 _{Pa}
Par	rt III 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: TO END VIOLENCE AGAINST WOMEN AND GIRLS.	
	TO END VIOLENCE AGAINSI WOMEN AND GIRLD.	
2	Did the organization undertake any significant program services during the year which were not listed on	
_	the prior Form 990 or 990-EZ?	Yes X
	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 servi	ces? Yes X
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	o others, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 1,276,587. including grants of \$) (Revenue \$ 11,97
	ONE BILLION RISING:	
	ONE BILLION RISING IS A GLOBAL CAMPAIGN TO RAISE AWAR	
	VIOLENCE AGAINST WOMEN AND GIRLS, GALVANIZING GRASSRO	OTS ACTIVISTS IN
	OVER 200 COUNTRIES.	
	(Code:) (Expenses \$ 1,187,496. including grants of \$) (
4b	(Code:) (Expenses \$1,187,496. including grants of \$) (CITY OF JOY/CONGO:)	Revenue \$
	CITY OF JOY PROGRAM SUPPORTS A TRANSFORMATIONAL LEADE	RSHIP CENTER FOR
	WOMEN SURVIVORS OF VIOLENCE IN BUKAVU, DRC THAT PROVI	
	PARTICIPANTS WITH TRAINING AND TRAUMA THERAPY TO BUIL	
	TOWARDS THOSE OF SERVICE AND ACTIVISM.	
4c	(Code:) (Expenses \$ 915,348. including grants of \$ 861,577.) (Revenue \$
	SOLIDARITY PROJECTS	
	V-DAY SUPPORTS GRASSROOTS ACTIVISTS, GROUPS AND PROJE	CTS ON THE GROUN
	WORKING TO END VIOLENCE AGAINST WOMEN AND GIRLS-INCLU	DING A SAFE HOUS
	FOR WOMEN AND GIRLS ESCAPING FEMALE GENITAL MUTILATIO	N IN KENYA;
	EDUCATIONAL PROGRAMS FOR GIRLS ESCAPING VIOLENCE IN A	FGHANISTAN AND
	ANTI VIOLENCE ADVOCACY PROGRAMS IN INDIA AND THE PHIL	IPPINES.
4d		
	(Expenses \$ 1,562,506 · including grants of \$) (Revenue \$)
4e	Total program service expenses 4,941,937.	,
		Form 990 (
32002 1-07-		
	2	
40	512 759420 943389430 2014.06010 V-DAY	943389

Pa	t 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		Х
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		Х
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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? If "Yes," complete			
	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 temporarily restricted endowments, permanent			
	endowments, or 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, VIII, 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	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	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		Х
d	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial 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
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.5		
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

V-DAY

Form 990 (2014)

Form **990** (2014)

94-3389430

Page 3

432003 11-07-14

	990 (2014) V-DAY 94-338	39430	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21	Х	
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	Х	
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	X	
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•••	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u> </u>
	If "Yes," complete Schedule R, Part V, line 2			х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
5.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	x	
				(2014)

432004 11-07-14

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V V 1a Enter the number of Form W20 included in the 1a. Enter 0- find applicable 1b 1c 1c 1a Enter the number of Form W20 included in the 1a. Enter 0- find applicable 1c 1c 1c 2a Enter the number of Form W20 included in the 1a. Enter 0- find applicable 1c 1c 1c 2a Enter the number of Form W20 included in the 1a. Enter 0- find applicable 1c 1c 1c 2a Enter the number of Form W20 included in the 1a. Enter 0- find applicable 2a 1c 1c 2a Enter the number of promy with backup withholding rules for responsible payments to vincit on the site of the cognitization file and regardor 0. for the site of the cognitization file and regardor 0. for the site of the cognitization file and regardor 0. for the site of the cognitization file and regardor 0. for the site of the cognitization file and regardor 0. for the site of the cognitization file and regardor 0. for the site of the cognitization file and regardor 0. for the site of the cognitization file and regardor 0. for the site of the cognitization file and regardor 0. for the site of the cognitization file and regardor 0. for the site of the cognitization file and regardor 0. for the site of the cognitization file and regardor 0. for the site of the cognitation file ande common 14. Report of theorigh Enter 4. for the s	Form	990 (2014) V-DAY	94-3389	430	Р	age 5			
1a Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable 1a 1a 31 1a Enter the number of Forms W.2G included in line 1a. Enter 0- if not applicable 1b 1c 1c 2b Enter the number of Forms W.2G included in line 1a. Enter 0- if not applicable 1c 1c 1c 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, take and reportable payments (a vendes and reportable gaming gaming) with aviable wear covered by the returns take and reportable payments (a vendes and reportable payments (a vendes and reportable gaming gaming) with aviable pay for W.3, Transmittal of Wage and Tax Statements, take and the organization file file pay file and the organization file file pay file and pay file and the organization file and the organization file file pay file payments for Find/EN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a If Yes, 'for the a organization file moreign county by CONGO, DEM REP 5a X 5a If Yes, 'for the angenization file moreign county by CONGO, DEM REP 5a X 5a If Yes, 'for the angenization file moreign county by CONGO, DEM REP 5a X <	-					uge e			
a Enter the number eported in Box 3 of Form 1096. Enter-0: in not applicable in 3.1 b Enter the number of form SVB colladed in the set. Enter 0: find explorable in 0 c Enter the number of form SVB colladed in the set actions 0: find explorable gamman (gambing) winnings to prize winners? 12 c Enter the number of encyloses reported on Form V3, Transmittal of Wage and Tax Statements. 12 c Enter the number of encyloses reported on Form V3, Transmittal of Wage and Tax Statements. 2a 12 b If at least one is reported on Inc 2, all the organization fiel al regular defearl ampyment tax returns? 2b X Note. If the sum of lines 1 and 2 is greater than 220, your may be required to e-fit (see instructions) 3a X b If Yes, 'insta tified a form 990. Tor this year? If Ya, 'to fire 8.2, provide an explanation in Schedulio O 3b Y d A any time the name of the foreign country. Yee CONGO _ DEM REP 5a X D D any taxable party notify the organization has an inclusion. 5b X d D bit tor organization has a mice and year of the organization has an inclusion. 5b X d A any time the name of the organization has an inclusion. 5c X d W as the organization has a orbig country. Yee. CONGO _ DEM REP 5b <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th></td<>									
a Enter the number eported in Box 3 of Form 1096. Enter-0: in not applicable in 3.1 b Enter the number of form SVB colladed in the set. Enter 0: find explanable in 0 c Enter the number of form SVB colladed in the set actions 0: find explanable 10 10 c Enter the number of employees reported on Form V3, Transmittal of Wage and Tax Statements. 12 12 c Enter the number of employees reported on Form V3, Transmittal of Wage and Tax Statements. 2a 12 b If at least one is reported on Inc 2, all of the organization fiel al regular defearl amplyment tax returns? 2b X Note. If the sum of lines 1 and 2 is greater than 220, your may be required to e-fit (see instructions) 3a X b If Yes, "that if field form 900 Tor this year? If Ya, "to fire 8.2, provide an explanation in Schedulio O 3b Y d A any time the name of the foreign country. Yee CONGO _ DEM REP 5a X D D any taxable party notify the organization file from 8880 T7 5a X d D D any congratization have an inhold with was or is a part to a prohibited tax sheler transaction 3 5a X D D any taxable party notify the organization file from 8880 T7 5a X d D D any congratation ana party to a prohibited tax sheler transaction 77					Yes	No			
b Enter the number of Forms W-2G included in line 1a. Enter -0 ¹ not applicable. 10	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 31						
C bot the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to price winners? C East the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, <u>1a</u>	-		1b 0	5					
Image is a problem of the second of the	с			1					
2a Enter the number of employees reported on Form W-B, Transmittal of Wage and Tax Statements. 12 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note, If the sum of line 1a and 2a is greater than 250, you may be required to c ⁻ file (see instructions) 3a X a Dath the organization have employment tax returns? 3a X b If "Yes," has it filed a form 90D Tor this yas? /f We, To line 3D, provide an explanation in Schedule O 3b X b If "Yes," that it filed a form 90D Tor this yas? /f We, To line 3D, provide an explanation in Schedule O 3b X b If Yes," that it filed a form 90D Tor this yas? /f We, To line 3D, provide an explanation in Schedule O 3b X b If Yes," tait filed a form 90D Tor this yas? /f We, To line 3D, provide an explanation in Schedule O 3b X b If Yes," to line 6a or 5D, fild the organization have hereing country. Yee CONGO , DEM REP Cos the organization new annual gross necells that an enormality greater than 5100,000, and did the organization solid any orthis that are normality greater than 5100,000, and did the organization solid any orthis of the organization solid any orthis of the organization solid an explanation in express statement that such contributions or gifts were not tax deductible? Yee Yee 0 I				1c					
till die for the calendar year ending with or within the year covered by this return 12 12 b If all lead to end is reported on line 2a, did the organization fiel all required to effect enstructions) 2a 2a X 3a Did the signalization field as in greater than 250, you may be required to effect enstructions) 3a Xa X 3b Diff vess, 'nauto the signalization field enstructions) 3a Xa X 3b Diff vess, 'nauto the calendar year, did the organization have an interest in, or a signature or other autority over, a financial account is or foring routering to Financial Accounts (FBAR). 5a Xa 5a Was the organization a party to a probibiled tas shelt transaction at any time during the tax year? 5a Xa 6b Comparization neuron or tax deductible? 5a Xa 6c Comparization neuron or tax deductible? 5a Xa 7b Did any taxable party nolly the organization file from 886/17. 5a Xa 7c Sa Did any taxable party nolly the organization an express statement that such contributions or gifts were not tax deductible? 5a Xa 7c Tyses,'' to line 5a or 5b, did the organization include with werey solicitation an express statement that such contributions or gifts were not tax deductible? 5a Xa 7c Tyses,'' to line 5a or 5b, did the organization include with werey solic	2a								
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If "Yes," has it filed a form 580-T for this year? If "No," to line 3b, provide an explanation in Schedule 0 3a X 3b If "Yes," has it filed a form 580-T for this year? If "No," to line 3b, provide an explanation in Schedule 0 3b X 3c A at any time the name of the foreign country (such as a bank account, securities account, or other namcial accounts (FBAR). Se Se 5a Was the organization have annual gross records that any the during the tax press? Sa X 5b U any taxable party notify the organization have sched transaction at any time during that axy etc? Sa X 5a Does the organization have annual gross records that are normally greater than \$100,000, and did the organization and express tatament that such contributions or gifts were not tax deductible as charitable contributions? Sa X 7b If "Yes," did the organization nucle where yes olicitation an express statement that such contributions or gifts were not accel deductible contributions and partly for goods and services provided to the pary? Sa X 7b If "Yes," did the organization nucle where yes olicitation and express statement that such contributions or gifts were not tax deductible? To To			2a 12						
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a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 10a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 12b a 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. 13b b 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 13b c Enter the amount of reserves on hand 13c 13a 14a X 14a X	0			0					
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b 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? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b			102						
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Note. See the instructions for additional information the organization must report on Schedule O. Image: Description of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: Imag				40-					
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14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b									
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b				44-		v			
						<u>⊢</u> ^			
	<u>a</u>	in tes, has it nied a Form 720 to report these payments? If "No," provide an explanation in Schedu			000	(2014)			

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orm	990 (2014) V-DAY			89430		Pag
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thi			for a "No" r	respor	ารค
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.					Г
<u></u>	Check if Schedule O contains a response or note to any line in this Part VI					
bec	tion A. Governing Body and Management				Vee	Т
10	Enter the number of voting members of the governing body at the end of the tax year	1a		13	Yes	+
ia	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 in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any other			
	officer, director, trustee, or key employee?			2		L
3	Did the organization delegate control over management duties customarily performed by or under the					T
	of officers, directors, or trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form 9					Ι
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders, or			ſ
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	e following:			I
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			т
•				40	Yes	╀
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		╀
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch			104		l
1.	and branches to ensure their operations are consistent with the organization's exempt purposes?				X	╀
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form	n? 11a		┢
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			12a	х	Ľ
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				X	╀
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye			120		╉
v	in Schedule O how this was done			12c	x	
3	Did the organization have a written whistleblower policy?				X	t
4	Did the organization have a written document retention and destruction policy?				X	t
5	Did the process for determining compensation of the following persons include a review and approva					t
•	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		aoponaone			
а	The organization's CEO, Executive Director, or top management official			15a	х	L
	Other officers or key employees of the organization				Х	t
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					t
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wi	ith a			
	taxable entity during the year?			16a		L
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					T
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	ı's			
	exempt status with respect to such arrangements?			16b		L
ec	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright\mathrm{NY}$, CA					
7		(Section	on 501(c)(3)s o	nly) availat	le	
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T					
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1 for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain	in Sch	edule O)			
18	for public inspection. Indicate how you made these available. Check all that apply.			, and finan	cial	
	for public inspection. Indicate how you made these available. Check all that apply.XOwn websiteXAnother's websiteXUpon requestOther (explain			r, and finan	cial	
8 9	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain) Describe in Schedule O whether (and if so, how) the organization made its governing documents, contract of the second s	nflict of	f interest policy	r, and finan	cial	
8 9	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain) Describe in Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. Statements Statements Statements	nflict of	f interest policy	r, and finan	cial	
18 19	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain) Describe in Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's box SUSAN CELIA SWAN - 212-645-8329	nflict of	f interest policy	r, and finan	cial	
18 19 20	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain) Describe in Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's box SUSAN CELIA SWAN - 212-645-8329	nflict of oks and	f interest policy		cial	(2
18 19 20	for public inspection. Indicate how you made these available. Check all that apply.	nflict of oks and	f interest policy	Form		

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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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) KATHERINE MCFATE	2.00	.,,						0	0	0
TREASURER		X		X				0.	0.	0.
(2) EVE ENSLER	2.00	x		x				0.	0.	0.
PRESIDENT	2.00	<u> </u>		A				0.	0.	0.
(3) PAT MITCHELL	2.00	x		x				0.	0.	0.
SECRETARY	2.00	^		^				0.	0.	0.
(4) KIMBERLE W. CRENSHAW DIRECTOR	2.00	x						0.	0.	0.
(5) CARI ROSS	2.00							0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(6) CAROLE BLACK	2.00									0.
DIRECTOR	2.00	x						0.	0.	0.
(7) JANE FONDA	2.00									
DIRECTOR		x						0.	0.	0.
(8) JENNIFER BUFFET	2.00									
DIRECTOR		x						0.	0.	0.
(9) REGINA K. SCULLY	2.00									
DIRECTOR		x						0.	0.	0.
(10) LISA SCHEJOLA AKIN	2.00									
DIRECTOR		x						0.	0.	0.
(11) ROSARIO DAWSON	2.00									
DIRECTOR		X						0.	0.	0.
(12) THANDIE NEWTON	2.00									
DIRECTOR		Х						0.	0.	0.
(13) SUSAN CELIA SWAN	40.00									
EXECUTIVE DIRECTOR				Х				175,000.	0.	2,618.
(14) CECILE LIPWORTH	40.00								_	
MANAGING DIRECTOR						х		130,000.	0.	11,508.
(15) TONY MONTENIERI	40.00									
OPERATIONS DIRECTOR						X		106,677.	0.	10,638.
		-								
		-								
									1	

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Form 990 (2014)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title	(B) Average hours per week (list any	box offic	(C) Position (do not check more box, unless person officer and a director			more than one erson is both an		(D) Reportable compensation from the	(E) Reportable compensatio from related organizatior	on d	am	(F) timate nount other pensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	org: and	om the anizati d relate nizatio	ion ed
									411,677.		0.	2	4,7	64
с	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	II, Section A			·····				0. 411,677.		0.		4 ,7	0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	bov	e) wł	סר no r	eceived more than \$100),000 of reportab	ole			3
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s											3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab 0,000? <i>If</i> "Yes,	le co " <i>co</i>	omp <i>mple</i>	ensa ete S	atior S <i>che</i>	n and e <i>dul</i> é	d ot e <i>J i</i>	her compensation from for such individual	the organization		4	x	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com					-			-			5		Х
<u> </u>	tion B. Independent Contractors Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of cor	npens	ation f	rom	
	the organization. Report compensation for (A)					vith	or w	ithir	(B)			(C		
	Name and business	address	NC	ONI	Ξ			_	Description of s	ervices	C	Compe	nsatio	n
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	iot lii	mite	d to		se li: 0	stec	d above) who received n	nore than		Form	990 //	2014)
														(+)

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Pa	rt V	411							
_			Check if Schedule O cont	ains a response	or note to any li	ne in this Part VIII		(0)	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b					
s, (Am			Fundraising events						
Gifi Iar		d	Related organizations	1d					
imi,		е	Government grants (contribut	ions) 1e					
rtior S		f	All other contributions, gifts, gran						
ibu			similar amounts not included abo	ve 1f 1,	831,221.				
d C			Noncash contributions included in lines						
an Co		h	Total. Add lines 1a-1f		►	1,831,221.			
					Business Code				
ce	2	а							
ervi		b							
n Si		С							
ran ?ev		d							
Program Service Revenue		е							
đ			All other program service reve						
		g	Total. Add lines 2a-2f		🕨				
	3		Investment income (including			– – – –			F 0.45
			other similar amounts)			7,345.			7,345.
	4		Income from investment of ta						
	5		Royalties		<u></u>				
				(i) Real	(ii) Personal	-			
			Gross rents			-			
			Less: rental expenses			4			
			Rental income or (loss)						
			Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other	-			
			assets other than inventory			-			
		D	Less: cost or other basis						
		-	and sales expenses			-			
			Gain or (loss)						
ne			Net gain or (loss) Gross income from fundraisin		····· •				
Other Revenue			including \$						
Rev			contributions reported on line						
Jer			Part IV, line 18			-			
€			Less: direct expenses		`				
			Net income or (loss) from fund	•	····· >				
	9	a	Gross income from gaming ad						
		h	Part IV, line 19			-			
			Less: direct expenses						
			Gross sales of inventory, less						
	10	a	and allowances						
		h	Less: cost of goods sold			-			
			Net income or (loss) from sale						
		<u> </u>	Miscellaneous Revenu		Business Code				
	11	a	OTHER		900099	13,916.	13,916.		
		b					-,		
		č							
			All other revenue						
			Total. Add lines 11a-11d			13,916.			
	12		Total revenue. See instructions.			1,852,482.	13,916.	0.	7,345.
43200 11-07	9 -14								Form 990 (2014)

V-DAY

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses Fundraising expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 158,762. 158,762. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 8,000. 8,000. Grants and other assistance to foreign 3 organizations, foreign governments, and foreign 694,815. 694,815. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 416,290. 48,764. 24,270. 489,324. trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 896,140. 761,719. 89,614. 44,807. 7 Other salaries and wages Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 4,006. 98,651. 85,575. 9,070. Other employee benefits 9 71,478. 82,399. 7,576. 3,345. Payroll taxes 10 Fees for services (non-employees): 11 a Management 7,827. 40,595. 32,768. b Legal 23,690. 23,690. Accounting С d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, q 567,173. 567,173. column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 116,280. 112,684. 3,064. 532. Office expenses 13 99,311. 99,311. Information technology 14 Royalties 15 16,415. 15,879. 536. 16 Occupancy 249,980. 218,194. 13,219. 18,567. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 5,582. 5,582. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 84,003. 84,003. Depreciation, depletion, and amortization 22 22,928. 22,928. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) CITY OF JOY PROGRAM EXP 510,592. 510,592. а VWORLD FARM PROGRAM EXP 483,171. 483,171. h 366,788. 366,788. PRODUCTION EXPENSE С 154,416. 137,084. 1,900. 15,432. COMMUNICATIONS d 176,553. 174,395. 2,158. e All other expenses 5,345,568. 4,941,937. 298,020. 105,611. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ______ if following SOP 98-2 (ASC 958-720)

432010 11-07-14

12440512 759420 943389430

Form **990** (2014)

Net Assets or Fund Balances

Form 990 (2014)

Liabilities

27

28

29

30

31

32

33

34

Assets

Part X Balance Sheet

V-DAY

12440512 759420 943389430

	Check if Schedule O contains a response or note to any line in this Part X		
		(A)	(B)
		Beginning of year	End of year
1	Cash - non-interest-bearing		1 329,319.
2	Savings and temporary cash investments		2 2,384,150.
3	Pledges and grants receivable, net	3,961,588.	3 2,000,000.
4	Accounts receivable, net	0.	4
5	Loans and other receivables from current and former officers, directors,		
	trustees, key employees, and highest compensated employees. Complete		
	Part II of Schedule L		5
6	Loans and other receivables from other disqualified persons (as defined under		
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		
	employers and sponsoring organizations of section 501(c)(9) voluntary		
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6
7	Notes and loans receivable, net	160,000.	7 165,155.
8	Inventories for sale or use		8
9	Prepaid expenses and deferred charges	38,179.	9 38,744.
10a	Land, buildings, and equipment: cost or other		
	basis. Complete Part VI of Schedule D10a1,075,744.Less: accumulated depreciation10b308,591.		
b	Less: accumulated depreciation	443,927.1	0c 767,153.
11	Investments - publicly traded securities	1	11
12	Investments - other securities. See Part IV, line 11	1	12
13	Investments - program-related. See Part IV, line 11	1	13
14	Intangible assets	1	14
15	Other assets. See Part IV, line 11		15
16	Total assets. Add lines 1 through 15 (must equal line 34)		16 5,684,521.
17	Accounts payable and accrued expenses	74,141.	17 193,149.
18	Grants payable	1	18
19	Deferred revenue	1	19
20	Tax-exempt bond liabilities	2	20
21	Escrow or custodial account liability. Complete Part IV of Schedule D	2	21
22	Loans and other payables to current and former officers, directors, trustees,		
	key employees, highest compensated employees, and disqualified persons.		
	Complete Part II of Schedule L		22
23	Secured mortgages and notes payable to unrelated third parties		23
24	Unsecured notes and loans payable to unrelated third parties	2	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 of	110 000	
	Schedule D		25 33,333.
26	Total liabilities. Add lines 17 through 25	192,474. 2	26 226,482.
	Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and		
	complete lines 27 through 29, and lines 33 and 34.	3 097 533	2 911 936
07		3 097 533 6	2 911 936

3,097,533. 2,911,936. 27 Unrestricted net assets 5,853,592. 2,546,103. Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 5,458,039. 8,951,125. Total net assets or fund balances 33 5,684,521. 9,143,599. 34 Total liabilities and net assets/fund balances

Form **990** (2014)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part X, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 8, 951, 125. 5 Net unrealized gains (losses) on investments 6 6 7 7 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash Acrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 1 Accounting	Form	990 (2014) V-DAY	94	-3389430	Page [*]	12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 1 1, 852, 482. 2 Total expenses (must equal Part IX, column (A), line 25) 2 5, 345, 568. 3 -3, 493, 086. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 8, 951, 125. 5 Net unrealized gains (losses) on investments 5 6 6 7 8 7 7 8 9 0. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances (explain in Schedule O) 9 0. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 5, 4558, 039. Part XII Financial Statements and Reporting X X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 11 Accounting method used to prepare the Form 990: Cash X <td< th=""><th>Pa</th><th>rt XI Reconciliation of Net Assets</th><th></th><th></th><th></th><th>_</th></td<>	Pa	rt XI Reconciliation of Net Assets				_
2 Total expenses (must equal Part IX, column (A), line 25) 2 5, 345, 568. 3 Revenue less expenses. Subtract line 2 from line 1 3 -3, 493, 086. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 8, 951, 125. 5 Net unrealized gains (losses) on investments 6 7 6 7 7 6 7 8 7 7 8 9 0. 9 0. 10 5, 458, 039. 7 10 5, 458, 039. Very end daljustments 9 0. 10 5, 458, 039. Very end daljustments Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 5, 458, 039. 10 5, 458, 039. 10 5, 458, 039. Very end daljustments 0 Check if Schedule O contains a response or note to any line in this Part XII X X Check if Schedule O contains a response or note to any line in this Part XII X Vers in dub dalances dexplane basis Other		Check if Schedule O contains a response or note to any line in this Part XI			🗆	
2 Total expenses (must equal Part IX, column (A), line 25) 2 5, 345, 568. 3 Revenue less expenses. Subtract line 2 from line 1 3 -3, 493, 086. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 8, 951, 125. 5 Net unrealized gains (losses) on investments 6 7 6 7 7 6 7 8 7 7 8 9 0. 9 0. 10 5, 458, 039. 7 10 5, 458, 039. Very end daljustments 9 0. 10 5, 458, 039. Very end daljustments Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 5, 458, 039. 10 5, 458, 039. 10 5, 458, 039. Very end daljustments 0 Check if Schedule O contains a response or note to any line in this Part XII X X Check if Schedule O contains a response or note to any line in this Part XII X Vers in dub dalances dexplane basis Other						
3 Revenue less expenses. Subtract line 2 from line 1 3 -3,493,086. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 8,951,125. 5 Net unrealized gains (losses) on investments 5 5 6 0 7 5 7 8 7 7 8 9 0.1 9 0.1 9 0.1 9 0.1 9 0.1 10 Net assets or fund balances (explain in Schedule O) 9 0.1 0 10 Net assets or fund balances (explain in Schedule O) 9 0.1 0 5,458,039. Part XII Financial Statements and Reporting X X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain in Schedule O. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain in Schedule O. 2a X 1 Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain in Schedule	1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,852	2,482	<u>}.</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 8, 951, 125. 5 Net unrealized gains (losses) on investments 5 6 6 0 7 8 7 1 8 9 0. 8 9 0. 9 0. 10 Net assets or fund balances (explain in Schedule O) 9 0. 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 5, 458, 039. Part XII Financial Statements and Reporting X X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 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: 2a X Yes X 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: 2b X X X X X X X X X X X X X X	2	Total expenses (must equal Part IX, column (A), line 25)	2	5,345	5,568	3.
5 Net unrealized gains (losses) on investments 5 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 in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 5 , 458 , 039 . Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization's financial statements compiled or reviewed by an independent accountant? Yes No 1 Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X 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: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X 1 Were t	3	Revenue less expenses. Subtract line 2 from line 1	3	-3,493	3,086	5.
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 in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 5, 458, 039. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 2a Were the organization's financial statements complied or reviewed by an independent accountant? 2a X 1 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 Both consolidated and separate basis 2b X 1 If "Yes," tokick a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 2b X I	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,951	L,125	5.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 5, 458, 039. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 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 in Schedule O. 2a X 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, or solidated basis, or both: 2a X 5 Separate basis Consolidated basis Both consolidated and separate basis 2b X 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: 2b X 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or b	5	Net unrealized gains (losses) on investments	5			
 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 5, 458, 039. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other // explain in Schedule O. 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? 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: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 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: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X separate basis Consolidated basis Both consolidated and separate basis d "	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 5,458,039. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 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 in Schedule O. 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, or solidated basis, or both: 2b X 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: 2b X 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: 2b X 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: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolid	7	Investment expenses	7			
9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 5,458,039. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 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 in Schedule O. 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, or solidated basis, or both: 2b X 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: 2b X 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: 2b X 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: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolid	8	Prior period adjustments	8			
column (B)) 10 5,458,039. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 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 in Schedule O. 2a X 2a X X I I Yes No 2a X X I	9		9		0).
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 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 in Schedule O. 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: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements accountant? 2b X 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: 2b X 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: 2b X 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 X <td< th=""><th>10</th><td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,</td><td></td><td></td><td></td><td></td></td<>	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Consolidated basis 2b X 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: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Consolidated basis 2b X 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 X If the organization changed either its oversight process or selection process			10	5,458	3,039).
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	rt XII Financial Statements and Reporting			_	_
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 in Schedule O. 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: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X 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: 2b X 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: 2b X 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 X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Deter the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Deter the organization's financial statements audited by an independent accountant? 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: 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: 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: 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?					Yes N	0
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: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements audited by an independent accountant? 2b X 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: 2b X 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: 2b X 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: 2b X 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 X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a X 3a X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
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b Were the organization's financial statements audited by an independent accountant? 2b X 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: 2b X X Separate basis Consolidated basis Both consolidated and separate basis 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 X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 2c X 3a X		separate basis, consolidated basis, or both:				
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: 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: 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: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis 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: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited and separate basis If "Yes," check a box below to indicate whether the financial statements and separate basis 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? If "Ze Ze Z						
 consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 	b	Were the organization's financial statements audited by an independent accountant?		2b	x	
X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,		
cIf "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?2cXIf the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.2X3aAs a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?3aX						
review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 2c X 3a X		X Separate basis Consolidated basis Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	.,		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a X Act and OMB Circular A-133? 3a X		review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
Act and OMB Circular A-133?						
	3a		ngle Au	ıdit		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit					X	ζ
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit		
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2014)

SCHEDULE A

(Form	990	or	990	-EZ
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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.

2014	
Open to Public Inspection	

OMB No. 1545-0047

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

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

		V-DA	Y					9	4-3389430
Pa	rt I	Reason for Public	Charity Status (A	All organizations must co	omplete th	is part.) Se	e instructions		
The	orgar	nization is not a private found	lation because it is: (For lines 1 through 11, c	heck only	one box.)			
1	Ľ	A church, convention of ch							
2		A school described in sect	•						
3		A hospital or a cooperative			ection 170	(b)(1)(A)(ii	ii).		
4	\square	A medical research organiz						iii). Enter	the hospital's name.
•		city, and state:						,	
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental u	nit describ	ned in
Ŭ		section 170(b)(1)(A)(iv). (C				iou by u g			
6		A federal, state, or local go		aantal unit doccribod in (soction 17	70(h)(1)(A)	60		
6 7	X	An organization that norma	-					o gonoral	public described in
'	- 23			inial part of its support i	rom a gov	ennentai		le general	public described in
~		section 170(b)(1)(A)(vi). (C							
8	님	A community trust describe							
9		An organization that norma							
		activities related to its exen							
		income and unrelated busir		(less section 511 tax) fro	om busine	sses acqu	iired by the org	anization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
10	Щ	An organization organized a	and operated exclus	ively to test for public sa	ifety. See s	section 50)9(a)(4).		
11		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to ca	rry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section &	509(a)(2). 3	See section 5	09(a)(3). C	heck the box in
		lines 11a through 11d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 11e, 11f, and	11g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), ty	pically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or trustee	es of the s	upporting
		organization. You must o	omplete Part IV, Se	ections A and B.					
b		Type II. A supporting org			tion with it	s supporte	ed organizatior	n(s), by ha	ving
		control or management o							
		organization(s). You mus						,	
с		Type III functionally inte	•		in connec	tion with	and functional	v integrate	ed with
·		its supported organizatio						y intograti	
d		Type III non-functionally						ed oragni	zation(s)
u		that is not functionally int						-	
		•			•		-	analleni	IVEI IESS
		requirement (see instruct Check this box if the orga							
е							атурет, турет	i, iype iii	
	E.t.	functionally integrated, or	••	nally integrated support	ing organiz	zation.			
f		er the number of supported o	•						
g		vide the following informatior (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of	monetany	(vi) Amount of
		organization		(described on lines 1-9	listed i	n your	support (-	other support (see
				above or IRC section	governing o		Instructio		Instructions)
				(see instructions))	Yes	No		,	
Tota	d l								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

	13
2014.06010	V-DAY

Schedule A (Form 990 or 990-EZ) 2014 V-DAY

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2944031.	7623805.	4633764.	7417801.	1833161.	24452562.
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	2944031.	7623805.	4633764.	7417801.	1833161.	24452562.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						11517481.
6	Public support. Subtract line 5 from line 4.						12935081.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	2944031.	7623805.	4633764.	7417801.	1833161.	24452562.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots	3,684.	1,284.	3,974.	2,673.	7,345.	18,960.
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.)			13,445.	22,433.	11,976.	
11	Total support. Add lines 7 through 10						24519376.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	629,877.
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u></u>	organization, check this box and stor	here					>
	ction C. Computation of Publ						
	Public support percentage for 2014 (14	<u>52.75</u> %
	Public support percentage from 2013					15	58.37 %
16a	33 1/3% support test - 2014. If the c	-					
	stop here. The organization qualifies						
D	33 1/3% support test - 2013. If the c	0		,		,	
47-	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac				-	-	
Ŀ	meets the "facts-and-circumstances"						
D	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the				•		
10	organization meets the "facts-and-circ						
10	Private foundation. If the organization	in alla not check a		a, 100, 17a, 01 17t	, CHECK THIS DOX 8	ind see instruction	s 🔽 🗔

Schedule A (Form 990 or 990-EZ) 2014

432022 09-17-14

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
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-						
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for 1	he organization	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organi	zation,
				<u></u>	-)
Section C. Computation of Public	c Support Pe	ercentage				
15 Public support percentage for 2014 (lir	ne 8, column (f) c	livided by line 13,	column (f))		15	(
16 Public support percentage from 2013					16	(
Section D. Computation of Invest	tment Incom	e Percentage	•			
17 Investment income percentage for 201	4 (line 10c, colu	mn (f) divided by li	ine 13, column (f))		17	
18 Investment income percentage from 20						
19a 33 1/3% support tests - 2014. If the c	organization did I	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box an	d stop here. The	e organization qua	lifies as a publicly	supported organi	zation	▶∟
b 33 1/3% support tests - 2013. If the c	organization did I	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3% , chec	k this box and s	top here. The org	anization qualifies	as a publicly sup	ported organization	▶∟
20 Private foundation. If the organization	did not check a	box on line 14, 19	9a, or 19b, check t	his box and see in	nstructions	▶∟_
432023 09-17-14				Sc	hedule A (Form 99	0 or 990-F7) 20

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2014.06010 V-DAY

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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* (*b*) *and* (*c*) *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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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, Ioan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent 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 in 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 in line 9(a)) 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 in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer* (*b*) *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.)

432024 09-17-14

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16 2014.06010 V-DAY

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2014

Sche	edule A (Form 990 or 990-EZ) 2014 V-DAY	94-338943	30 Pa	age 5
Pa	rt 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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			. — —
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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,			
0	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			
<u> </u>	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	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, (1) a written notice describing the type and amount of support provided during the prior ta	^		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <i>Part VI</i> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	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 <i>Part VI</i> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see ins			
a	The organization satisfied the Activities Test. Complete line 2 below.	structions).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	itv (see instruction	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	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 in (a) 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 (a) and (b) 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? Provide details in <i>Part VI</i> .	3a		
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		
43202	5 09-17-14 Schedule	A (Form 990 or 9	90-EZ)	2014
	17			

12440512 759420 943389430

2014.06010 V-DAY

94-3389430 Page 5

Section 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			
Section 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			
d Total (add lines 1a, 1b, and 1c)	1d			
e 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 1-1/2% of line 3 (for greater amo	unt,			
see instructions).	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by .035	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount			Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2 Enter 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-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014

432026 09-17-14

	t V Type III Non-Functionally Integrated 509	a)(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		(continuca)	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	<u> </u>		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	IS	
4	Amounts paid to acquire exempt-use assets	·· · ·		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	the organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
с				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
-				

Schedule A (Form 990 or 990-EZ) 2014

(Form 990 or 990-EZ) 2014 V-DAY	94-3389430
(Form 990 or 990-EZ) 2014 $V-DAY$ Supplemental Information. Provide the explanations required by Part II,	line 10; Part II, line 17a or 17b; and Part III, line
Also complete this part for any additional information. (See instructions).	

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Δ I **Open to Public** Inspection

Name of the organization

Employer identification number

PertI Organizations Meintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 900, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Aggregate value of contributions to (during year) (b) Funds and other accounts 3 Aggregate value of contributions to (during year) (b) Funds and other accounts (b) Funds and other accounts 4 Aggregate value of contributions to (during year) (b) Funds and other accounts (b) Funds and other accounts 5 Did the organization' property, subject to the organization' sectoles/ legal control? (b) Funds and other accounts (c) Property (c) Propery (c) Property (c) Propery (c) Property (c) Pr		V-DAY		94-3389430
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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar AssetScontinued) Using the organization acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check at that apply): Debite exhibition Debite exhibition a set of the arrhy and the exhibition exhibition exhibition exhibition exhibition exhibition Debite exhibition	Sche	dule D (Form 990) 2014 V-DAY							94-33			age 2
clock at that apply: d Loan or exchange programs a Potice schibtion d Loan or exchange programs b Scholarly research e Other	Par	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures,	or Othe	er Simila	ar Asse	ts (contir	nued)	
a Public exhibition during the generations development of the organization's exempt purpose in Part XIII. During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solid or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization asswered "Yes" to Form 990, Part XI. Technology Part XI is the organization and or other intermediary for contributions or other assets not included on form 990, Part XI. Is the organization angent, trustes, custodial or organized the following table: C Beginning balance	3	Using the organization's acquisition, accessi	on, and other record	ls, check	k any of the	following that	at are a s	ignificant	use of its	collectio	n item	s
b Scholary research e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 6 Description of the organization solicit or receive donations of art, historical treasures, or other similar assets to to take that strather than to be maintained as part of the organization answered "Yes" to Form 980, Part IV, line 9, or resported an amount on Form 980, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Amount c Beginning balance Amount 1d c Distributions during the year 1e 1d 2a Did the organization include an amount on Form 980, Part X, line 21, for escrow or custodial account liability? Yes No b If Yes, explain the amagement in Part XIII. Check here if the explanation has been provided in Part XIII Part Wes No b Other expenditures for facilities in in in in a Beginning of year balance (a) Current year (b) Prory year (c) Three years back (e) fouryears back in in												
c Preservation for future generations 4 Provide a description of the organization solicit or receive donations of art, histocical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' to Form 990, Part XJII. 7 Part IVJ Escrow and Custocial Arrangements. Compute if the organization answered 'Yes' to Form 990, Part X, line 21. 1a Is the organization angent, trustee, custocial or other intermediary for contributions or other assets not included on Form 990, Part X2. Ine 21. 1a Is the organization angent, trustee, custocial or other intermediary for contributions or other assets not included on Form 990, Part X2. Ine 21. 1a Is the organization include an amount on Form 990, Part X, line 21, for escrow or custocial account liability? Yes No b If 'Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Intervention of the organization include an amount on Form 990, Part X, line 21, for escrow or custocial account liability? Yes No b Other organization include an amount on Form 990, Part X, line 21, for escrow or custocial account liability? Yes No b If Yes', explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Intervention account is a state of the organization is enclosed in part XIII. Intervention account is a state of the organization answered 'Yes' to Form 990, Part X, line 10.	а		c									
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reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 74, service with the arrangement in Part XIII and complete the following table: Image: Complete table of the assets not include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Complete table of t	Der] No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7 Ves No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount 1c Amount c Beginning balance 1c Amount 1d 1d 1d 2a Additions during the year 1d	Par			ete if the	organizatio	on answered	"Yes" to	Form 990	, Part IV, I	ine 9, or		
on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part X Endowment Funds. Complete if the organization nasweed 'Yes' to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (e) Four years back 1b Contributions												
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount d <lid< li=""> d<th>1a</th><th></th><th></th><th>•</th><th></th><th></th><th></th><th></th><th></th><th>7.</th><th></th><th>1</th></lid<>	1a			•						7.		1
c Beginning balance Ic Amount d Additions during the year Id Id e Distributions during the year Id Id 2 Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Ves No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Image: Check here if the organization answered 'Yes' to Form 990, Part V, line 10. la Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back la Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back la Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (e) Four years back c Net investment earnings, gains, and losses (b) Prior year (c) Two years back (e) Four years back (e) Four years back g End of year balance <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th> ∟</th> <th>」 Yes</th> <th></th> <th>] No</th>									∟	」 Yes] No
c Beginning balance ic id id id id id id id id id id id id id id id id id id id id id id id id id id id id <th>b</th> <th>It "Yes," explain the arrangement in Part XIII</th> <th>and complete the fo</th> <th>bliowing t</th> <th>able:</th> <th></th> <th></th> <th></th> <th></th> <th>A</th> <th></th> <th></th>	b	It "Yes," explain the arrangement in Part XIII	and complete the fo	bliowing t	able:					A		
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f Ending balance												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Ves No Part V Endowment Funds. Complete if the organization answered "Yes" to Som 930, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 6 Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 6 Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 6 Contributions (a) Carrent year (b) Prior year (c) Two years back (d) Three years back (e) Four years 7 Administrative expenditures for facil												
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 900, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (a) Current year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities (a) (a) (a) (a) (a) (a) (b) (a) (a) (a) (b) (a) (a) (a) (a) (a) (a) (a) (a) (a) (a										Yes		No
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back Contributions (c) Current year (c) Two years back (d) Three years back (e) Four years back Contributions (c) Current year (c) Provide the stimated programs (c) Control (c) Two years back (c) Two years back Ge that of year balance (f) Control (f) Control (f) Control (f) Control (f) Contrent year <												1
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1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs						1			ears back	(e) Four	years	back
b Contributions	1a	Beginning of year balance									-	
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs i f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % f d in unrelated organizations (i) unrelated organizations (ii) related organizations (ii) related organizations 3a(i) a b f*'es* to 3a(ii), are the related organization silsted as required on Schedule R? d d Description of property (a) Cost or other b b b b b b b c Land b b b b c Leasehold improvements c c c Leasehold improvements c c Leasehold improvements c c Leasehold improvements c c Leasehold improvements c c Le												
e Other expenditures for facilities and programs												
and programs	d	Grants or scholarships										
f Administrative expenses												
g End of year balance		and programs										
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% mb percentages in lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) ad(i) (ii) ad(i), are the related organization listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. a Description of property (a) Cost or other basis (other) (b) Cost or other (c) Accumulated depreciation (d) Book value basis (investment) basis (other) (d) Book value (d) Book value (d) Equipment (d) Equipment (d) Equipment (d) Equipment (d) Equipment (d) Equipment (d) Cost or 043. (f) Solution (f) Solution (f) Solution (f) Solution (f) Solution (f) Solution (f) Cost or other basis (other) (f) Cost (f) Cost or other basis (other) <li< th=""><th>f</th><th>Administrative expenses</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></li<>	f	Administrative expenses										
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	g	End of year balance										
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c Temporarily restricted endowment ▶% The percentages in lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	а	Board designated or quasi-endowment		_%								
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3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i) 3a(i) 3a(i) 3a(i) 3a(i) 3a(i) 1 b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 3b 1 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. 3b 1 Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value 1a Land	С	· · · ·										
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(ii) related organizations 3a(ii) 3a(ii) 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. 3b 3b Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land		-									Yes	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land b b Buildings												
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings (d) Book value c Leasehold improvements 152,701. d Equipment 152,701. 122,909. e Other 923,043. 185,682.	b	(II) related organizations	- listed as used in a									
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land										30		
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land				JWITHEITLI	iunus.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land). Part IV	line 11a. S	See Form 990	. Part X.	line 10.				
basis (investment) basis (other) depreciation 1a Land									ed	(d) Boo	k valu	
1a Land									~	(valut	-
b Buildings	1a	Land		,								
c Leasehold improvements 152,701. 122,909. 29,792. e Other 923,043. 185,682. 737,361.												
d Equipment 152,701. 122,909. 29,792. e Other 923,043. 185,682. 737,361.												
e Other												
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					92	3,043.		1 <u>85,6</u>	82.			
	Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	10c.)				76	7,1	53.

Schedule D (Form 990) 2014

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-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" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-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" to Form 990, Part IV, line 11d. 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.)	

0, Part X, line 25.

Part X	Other Liabilities.	
	Complete if the organization answered "Yes" to Form 990, Part IV	, line 11e or 11f. See Form 9
1.	(a) Description of liability	(b) Book value
(1) Fe	ederal income taxes	
(2) G	RANTS PAYABLE	33,333.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Co	lumn (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	33,333.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 V-DAY 94-338943 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	2,482.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments 2a	
b Donated services and use of facilities 2b	
c Recoveries of prior year grants 2c	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d 2e	0.
3 Subtract line 2e from line 1 3 1,852	2,482.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.) 4b	
c Add lines 4a and 4b 4c	0.
	2,482.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements1 5,34	5,568.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments 2b	
c Other losses 2c	
d Other (Describe in Part XIII.)	_
e Add lines 2a through 2d	0.
3 Subtract line 2e from line 1 3 5, 34	5,568.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	_
c Add lines 4a and 4b 4c	0.
	5,568.
Part XIII Supplemental Information.	

Provide 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 X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE	F
(Form 990)	

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule F (Form 990) and its instructions is at www.irs.gov/	form990.	Inspection
	Employer id	dentification number

OMB No. 1545-0047

to Public

V-DAY Part I

94-3389430 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 🗆 Yes 🛛 🗴 No

- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the
 - United States.

Form 990, Part IV, line 14b.

	3	Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additiona	al space is r	needed.)
--	---	---------------------------	-------------------	--------------------	-------------------------------	---------------	----------

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SUB SAHARAN AFRICA	1	6		CITY OF JOY AND V-WORLD FARM	1,207,495.
3 a Sub-total	1	6			1,207,495.
b Total from continuation	0	0			0.
sheets to Part I c Totals (add lines 3a	1				1,207,495.
and 3b)	1 1	o ا			I 1,407,490.

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

Schedule F (Form 990) 2014

432071

V-DAY

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	SOLIDARITY PROJECT	8,025.	WIRE	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	SOLIDARITY PROJECT	93,137.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	SOLIDARITY PROJECT	121,995.	WIRE	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA	SOLIDARITY PROJECT	15,375.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	SOLIDARITY PROJECT	165,500.	WIRE	0.		
		SUB-SAHARAN						
			SOLIDARITY PROJECT	22,885.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	SOLIDARITY PROJECT	40,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	SOLIDARITY PROJECT	14,025.	WIRE	0.		
2 Enter total number of			recognized as charities by the					
			n 501(c)(3) equivalency letter			<u> </u>		
3 Enter total number of	other organizations of	or entities				<u></u>		11

	⁼ (Form 990)	V-DAY				94-33			Page 2
Part II	Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	e United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name	of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EAST ASIA AND THE PACIFIC	SOLIDARITY PROJECT	20,000.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	SOLIDARITY PROJECT	23,065.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	SOLIDARITY PROJECT	112,932.	WIRE	0.		

V-DAY

94-3389430

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (f) Amount of (g) Description of (e) Manner of (b) Region (a) Type of grant or assistance recipients cash grant cash disbursement non-cash non-cash assistance assistance SUB-SAHARAN

	SUD-SARARAN				
COMMUNITY ENPOWERMENT	AFRICA	1	3,000.	0.	
	SUB-SAHARAN				
EDUCATIONAL GRANT	AFRICA	1	4,090.	0.	
	MIDDLE EAST AND				
IRAQ GRANT	NORTH AFRICA	1	7,825.	0.	
	SUB-SAHARAN				
EDUCATIONAL SCHOLARSHIP	AFRICA	1	9,186.	 0.	
	CENTRAL AMERICA				
INTERNATIONAL GRANT	AND THE CARIBBEAN	1	5,000.	0.	
END DOMESTIC	CENTRAL AMERICA				
VIOLENCE/RECOVERY	AND THE CARIBBEAN	1	10,000.	 0.	
	SUB-SAHARAN	4			
EDUCATIONAL SCHOLARSHIP	AFRICA	1	7,784.	 0.	
END DOMESTIC	SUB-SAHARAN				
		1	11 000	0	
VIOLENCE/RECOVERY	AFRICA	1	11,000.	 0.	
					 e E (Eorm 990) 2014

Schedule F (Form 990) 2014

Scheo	dule F (Form 990) 2014 V-DAY	94-3	3389430	Page 4
Par				
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the</i> organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)		Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)		Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>		Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)		Yes	X No

Schedule F (Form 990) 2014

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 2:

GRANT RECIPIENT SIGNS AWARD LETTER DETAILING THE USE OF THE GRANT AND

NUMBER OF PEOPLE IT SERVES. ALSO A FOLLOW-UP REPORT TO V-DAY IS DUE UPON

COMPLETION OF THE GRANT FUNDS.

SCHEDULE I (Form 990)		Go	rants and Oth vernments, an ete if the organizatio	d Individual	l s in the Ŭn i ' to Form 990, Pa	ted States		OMB No. 1 20 Open to	14
Internal Revenue Service		Informati	on about Schedule I	(Form 990) and its	s instructions is a	t _{www.irs.aov/form99}	00.	Inspe	ction
Name of the organization	on V-DAY					•		Employer identification 94-33	
Part I General Inf	formation on Grants a	nd Assistance						1	
1 Does the organiza	ation maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the seled		
criteria used to av	ward the grants or assis	stance?						X Yes	No No
	V the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.				
	d Other Assistance to hat received more than \$	-				anization answered	Yes" to Form 990, Part	t IV, line 21, for any	
1 (a) Name and add	dress of organization ernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of g or assistanc	•
A CALL TO MEN C/O TED BUNCH 342 NEW YORK, NY 10013		94-3153687		3,000.	0.			GENERAL GRANT	
FEMINIST.COM FOUNI PO BOX 668 WOODSTO WOODSTOCK, NY 1239	оск	81-0588319		5,000.	0.			GENERAL GRANT	
FILIPINA WOMEN'S N PO BOX 192143 SAN FRANCISCO, CA		47-3555726		5,000.	0.			GENERAL GRANT	
FRACTURED ATLAS 248 WEST 35TH STRE NEW YORK, NY 10001	,	11-3451703		30,753.	0.			GENERAL GRANT	
HONOR THE EARTH PO BOX 63 CALLAWAY, MN 56521	1	45-4714238		100,000.	0.			GENERAL GRANT	
NATIONAL INDIGENOU RESOURCE CENTER - DEER, MT 59043		27-4971660		5,000.	0.			GENERAL GRANT	
	er of section 501(c)(3) a er of other organizations Reduction Act Notice ,	s listed in the line	1 table	e line 1 table				Schedule I (Form	990) (2014)

Schedule I (Form 990)	V-DAY
-----------------------	-------

chedule I (Form 990) V - DA I							4-3369430 Pa			
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
RIENDS OF THE COMMISSION ON THE										
TATUS OF WOMEN - PO BOX 191482 -				_						
AN FRANCISCO, CA 94119	51-0183349		10,000.	0.			GENERAL GRANT			

Schedule I (Form 990)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EDUCATION GRANT-YORK UNIVERSITY	1	8,000.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

GRANT RECIPIENT SIGNS AWARD LETTER DETAILING THE USE OF THE GRANT AND

NUMBER OF PEOPLE IT SERVES. ALSO A FOLLOW-UP REPORT TO V-DAY IS DUE UPON

COMPLETION OF THE GRANT FUNDS.

sc	HEDULE J	Compensation Information	1	OMB No. 1	545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	1/	[
•	-	Compensated Employees		ZU	14	r
Dena	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/for		Inspe		
Nan	ne of the organizatio		Employer i			mber
		V-DAY	94-3	338943	0	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		iate box(es) if the organization provided any of the following to or for a person listed in Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o					
	Travel for com					
		cation and gross-up payments				
	Discretionary	spending account Personal services (e.g., maid, chauffeur, c	;hef)			
	If any of the h					
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
•		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	0	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and onice	ers, including the CEO/Executive Director, regarding the items checked in line 1a?		2		
3	Indicate which if a	ny, of the following the filing organization used to establish the compensation of the organiza	ation's			
3		ector. Check all that apply. Do not check any boxes for methods used by a related organizat				
		ation of the CEO/Executive Director, but explain in Part III.				
	·	compensation consultant Compensation survey or study				
		ther organizations Approval by the board or compensation of	ommittoo			
			Ommittee			
4	During the year did	any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re					
а	0	ce payment or change-of-control payment?		4a	Х	
b		ceive payment from, a supplemental nonqualified retirement plan?		····· + +		X
с		ceive payment from, an equity-based compensation arrangement?				X
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	2					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the r	evenues of:				
а	The organization?			5a		X
b	Any related organiz	ation?		5b		X
		r 5b, describe in Part III.				
6	For persons listed i	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the r	net earnings of:				
а	The organization?			6a		X
		ation?				X
		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments				
		es 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ıe			
		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		d the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990) 2014

432111 10-13-14

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 in 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 are not 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-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
(1) SUSAN CELIA SWAN	(i)	175,000.	0.	0.	0.	2,618.	177,618.	0.
EXECUTIVE DIRECTOR	(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)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

94-3389430

Part III Supplemental Information

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.

PART I, LINE 4A:

DURING THE YEAR ENDED JUNE 30, 2015, CECILE LIPWORTH RECEIVED SEVERANCE

PAYMENTS.

Schedule J (Form 990) 2014

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

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 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990



94-3389430

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY & COLLEGE CAMPAIGN, COMMUNICATIONS & EVENTS, WEBSITE/V-SPOT,

AND V-GIRLS.

EXPENSES \$ 1,562,506. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11:

V-DAY

FINANCE COMMITTEE OF THE BOARD WILL REVIEW THE DRAFT OF THE 990 AND PROVIDE

ANY COMMENTS BEFORE THE FINALIZATION OF THE 990 TAX RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

IF A POTENTIAL CONFLICT OF INTEREST IS IDENTIFIED, THE PERSON DETERMINED TO HAVE A CONFLICT IS RECUSED FROM DELIBERATIONS OR VOTING OR BOTH, ETC. THE IDENTIFIED CONFLICTS OF INTEREST AND APPROPRIATE RECUSALS ARE DOCUMENTED IN THE MINUTES OF EACH BOARD OR COMMITTEE MEETING.

FORM 990, PART VI, SECTION B, LINE 15:

THE SALARIES ARE REVIEWED EACH YEAR WITH THE BOARD OF DIRECTORS AND THE

EXECUTIVE DIRECTOR. THE FINANCE MANAGER MAKES RECOMMENDATIONS FOR SALARY

CHANGES BASED ON MARKET RESEARCH.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

REGIONAL COORDINATORS:

PROGRAM SERVICE EXPENSES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14 161,534.

Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014) Name of the organization V-DAY	Page 2 Employer identification number 94-3389430
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	161,534.
OTHER CONSULTANTS:	
PROGRAM SERVICE EXPENSES	401,711.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	401,711.
INTERPRETERS/TRANSLATORS:	
PROGRAM SERVICE EXPENSES	3,928.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,928.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	567,173.
FORM 990, PART XI, LINE 2C	
THE PROCESS FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL S	STATEMENTS AND
SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED F	ROM THE PRIOR
YEAR.	

12440512 759420 943389430

432212 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

TAXABLE YEARCalifornia Exempt Organization2014Annual Information Return

20	14 A	nnual Informati	ion Return						199
Calendar Ye	ar 2014 or fiscal ye	ear beginning (mm/dd/yyyy)	07/01/2	2014	, and endi	ing (mm/dd/yy	уу)	06/30	/2015 .
Corporation/0	Organization Name					Ca	lifornia corpo	oration number	
17 D M								177	
V-DAY	ormation. See instruct	tions				F	2332 EIN	4//	
Additional im		uons.				' '		389430	
Street addres	s (suite or room)						PMB no.	505450	
4104 2	24TH STRE	EET, NO. 4515							
City		-				State	ZIP code		
SAN FI	RANCISCO					CA	9411	4	
Foreign coun	try name		Foreign province/state	e/county			Foreign p	ostal code	
A First Day	• · · · · ·		Yes X No	1 16	at we dow D 0 7	50 0 t ¹ 00 ⁻	704-1 h 4		
						FC Section 237 activities? See		-	
		• ust							• Yes X No
	formation Return?					oss receipts fr			
•	Dissolved •	Surrendered (Withdrawn))	source	•	······			\$
•	Merged/Reorganized	d Enter date: (mm/dd/yyyy)		L If orga		empt under R&			
E Check a	ccounting method			and me	ets the filing	fee exception,	check box	. No filing	
(1)		X Accrual (3) Otl	her						•
_	return filed?					Limited Liabil			• Yes X No
· · /		└── 990-PF (3) ● └── Sc instructions●		N Did the	organization	file Form 100	or Form 10	J9 to	• Yes X No
		oup exemption?				nder audit by			
	what is the parent					r year?			• Yes X No
,						3/1024 pendin			Yes X No
I Did the	organization have	any changes to its guidelines •	Yes X No	Date fil	ed with IRS			·····	
	orted to the FTB? S							_	
Part I		nless not required to file this f							
	1 Gross sale	es or receipts from other source	s. From Side 2, Part I	I, line 8			•	1	21,261.00
	2 Gross due	s and assessments from memb	piler amounte receiver			ເມັນ	· · · · ·	2 3 1	00 ,831,221.00
Receipts	Total gross	tributions, gifts, grants, and sin receipts for filing requirement test. Ac ist be completed. If the result is less t	d line 1 through line 3.	J		DIMI	•		,852,482.00
and	5 Cost of ao	ods sold	inan \$50,000, see Genera		5		00	- 1	, ,
Revenues		her basis, and sales expenses o			6		00		
		s. Add line 5 and line 6						7	00
	-	s income. Subtract line 7 from l					•		<u>,852,482.00</u>
Expenses		nses and disbursements. From							,345,568.00
		receipts over expenses and disl							,493,086. ₀₀
		\$10 or \$25. See General Instruc						11	10.00
Filing		nents and Interest. See General Instru	ction I					12	00
Fee		· · · · · · · · ·					_	14	00
	15 Balance d	lue. Add line 11. line 13. and lin	ne 14. Then subtract li	ne 12 from	the result			15	10.00
	Under penalties of it is true, correct, a	perjury, I declare that I have examine nd complete. Declaration of preparer	d this return, including ac (other than taxpayer) is b	companying ased on all in	schedules and s ormation of whi	statements, and t ch preparer has a	o the best o any knowled	r my knowledge a ge.	and belief,
Sign				Title		Date		• Telep	
Here	Signature of officer				JTIVE I	DIRE			
	Preparer's				Date	Chec			
	Preparer's signature					selt-e	mployed		541714
Paid Proparor's	Firm's name (or yours, T.T	JTZ AND CARR,	CDAS T.T.D						1655065
Preparer's Use Only		00 EAST 42ND S							
Job Only	and address	EW YORK, NY 10						212	-697-2299
		cuss this return with the prepar		instructior	s		• X		No

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V-DAY

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

				-	
	1 Gross sales or receipts from all				
	2 Interest				2 7,345.00
D !	3 Dividends			-	3 00
Receipts					4 00
from	5 Gross royalties	·····		•	5 00
Other	6 Gross amount received from sal	e of assets (See Instructions)			
Sources		Add for a data			7 13,916.00 8 21,261.00
	8 Total gross sales or receipts fro		•		
	9 Contributions, gifts, grants, and				
	10 Disbursements to or for membe	IS	ርፑፑ ርጥል	темемт 3	10 00 11 489,324.00
	11 Compensation of officers, direct				
F	12 Other salaries and wages				
Expenses	13 Interest				
and	14 Taxes				14 82,399.00 15 16,415.00
Disburse-	15 Rents	·····		•	16 84,003. oc
ments	16 Depreciation and depletion (See	Instructions)	CPP C M7		17 2,915,710. oc
	17 Other Expenses and Disburseme18 Total expenses and disburseme	HIS			18 5,345,568.00
Schedu		Beginning of ta			of taxable year
Assets		(a)	(b)	(C)	(d)
1 Cash			4,539,905.		• 2,713,469.
2 Net acc	counts receivable				•
3 Net no	tes receivable STMT 5		160,000.		• 165,155.
4 Invento	ories				•
	l and state government obligations				•
	ments in other bonds				•
	nents in stock				•
	age loans				•
9 Other i	nvestments				•
10 a Dep	reciable assets	668,515.		1,075,74	
b Less	s accumulated depreciation	(224,588.)	443,927.	(308,591	•) 767,153.
11 Land					•
12 Other a	assets STMT 6		3,999,767.		• 2,038,744.
13 Total a	assets		9,143,599.		5,684,521.
	and net worth				
14 Accour	nts payable		74,141.		• 193,149.
15 Contrib	outions, gifts, or grants payable				•
16 Bonds	and notes payable				•
17 Mortga	ages payable				•
18 Other I	iabilities STMT 7		118,333.		33,333.
19 Capital	stock or principal fund				•
	or capital surplus. Attach reconciliation				•
	ed earnings or income fund		8,951,125.		• 5,458,039.
22 Total I	iabilities and net worth		9,143,599.		5,684,521.
Schedu		per books with income per retu			
		dule if the amount on Schedule I		· · · · · · · · · · · · · · · · · · ·	
				-	
				-	
2 Federa 3 Excess	come per books	• -3,493,08	6. 7 Income recorded	on books this year is return. s return not charged	•

3	Excess of capital losses over capital gains	•	8	Deductions in this return not charged	
4	Income not recorded on books this year	•		against book income this year	•
5	Expenses recorded on books this year not		9	Total. Add line 7 and line 8	
	deducted in this return	•	10	Net income per return.	
6	Total. Add line 1 through line 5	-3,493,086.		Subtract line 9 from line 6	-3,493,086.

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FORM 199 IN	M 199 CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3					
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT			
11TH HOUR PROJECT	555 BRYANT STREET #370 PALO ALTO, CA 94301	06/18/15	64,256.			
CARLO & MICOL SCHEJOLA FOUNDATION	501 SILVERSIDE ROAD #123 WILMINGTON, DE 19809	11/13/14	285,000.			
PHOEBE SNOW FOUNDATION	591 REDWOOD HIGHWAY #3215 MILL VALLEY, CA 94941	02/13/15	170,000.			
ANONYMOUS	200 PARK AVENUE SOUTH 8TH FLOOR NEW YORK, NY 10003	07/08/14	165,000.			
LISA BROWN & DANIEL HANDLER	1565 MASONIC AVE SAN FRANCISCO, CA 94117	01/12/15	50,000.			
ONE WORLD FUND	64R PROSPECT STREET CAMBRIDGE, MA 02139	07/08/14	50,000.			
SILICON VALLEY COMMUNITY FOUNDATION	2440 WEST EL CAMINO REAL STE 300 MOUNTAIN VIEW , CA 94040	08/11/14	50,000.			
ANONYMOUS	PO BOX 399 INVERNESS, CA 94937	03/30/15	50,000.			
THE DAVID AND LUCILLE PACKARD FOUNDATION	343 SECOND STREET LOS ALTOS, CA 94022	12/15/14	100,000.			
WILLIAM DONNER FOUNDATION	60 EAST 42ND STREET RM 1560 NEW YORK, NY 10165	10/31/14	45,000.			
TOTAL INCLUDED ON LINE 3			1,029,256.			
FORM 199	OTHER INCOME	SI	'ATEMENT 2			
DESCRIPTION			AMOUNT			
OTHER WORLD WIDE CAMPAIGN PROGR COLLEGE CAMPAIGN PROGRAM			13,916. 0. 0.			
TOTAL TO FORM 199, PART I	I, LINE 7		13,916.			

FORM 199	COMPENSATION OF OFFI	CERS, DIRECTORS AND TRUSTEES	STATEMENT 3
NAME AND ADI	DRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
	CFATE FREET, NO. 4515 CO, CA 94114	TREASURER 2.00	0.
	TREET, NO. 4515 CO, CA 94114	PRESIDENT 2.00	0.
	_ ГREET, NO. 4515 CO, CA 94114	SECRETARY 2.00	0.
	CRENSHAW FREET, NO. 4515 CO, CA 94114	DIRECTOR 2.00	0.
	TREET, NO. 4515 CO, CA 94114	DIRECTOR 2.00	0.
	К ГREET, NO. 4515 CO, CA 94114	DIRECTOR 2.00	0.
	FREET, NO. 4515 CO, CA 94114	DIRECTOR 2.00	0.
	FFET FREET, NO. 4515 CO, CA 94114	DIRECTOR 2.00	0.
	CULLY FREET, NO. 4515 CO, CA 94114	DIRECTOR 2.00	0.
	LA AKIN TREET, NO. 4515 CO, CA 94114	DIRECTOR 2.00	0.
	SON FREET, NO. 4515 CO, CA 94114	DIRECTOR 2.00	0.

V-DAY		94-3389430
THANDIE NEWTON 4104 24TH STREET, NO. 4515 SAN FRANCISCO, CA 94114	DIRECTOR 2.00	0.
SUSAN CELIA SWAN 4104 24TH STREET, NO. 4515 SAN FRANCISCO, CA 94114	EXECUTIVE DIRECTOR 40.00	178,214.
CECILE LIPWORTH 4104 24TH STREET, NO. 4515 SAN FRANCISCO, CA 94114	MANAGING DIRECTOR 40.00	196,455.
TONY MONTENIERI 4104 24TH STREET, NO. 4515 SAN FRANCISCO, CA 94114	OPERATIONS DIRECTOR 40.00	114,655.
TOTAL TO FORM 199, PART II, LINE 11		489,324.

FORM 199	OTHER EXPENSES	STATEMENT 4
DESCRIPTION		AMOUNT
CITY OF JOY PROGRAM EXP VWORLD FARM PROGRAM EXP PRODUCTION EXPENSE COMMUNICATIONS OTHER EMPLOYEE BENEFITS LEGAL FEES ACCOUNTING FEES OTHER PROFESSIONAL FEES OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL CONFERENCES AND CONVENTIONS INSURANCE		510,592. 483,171. 366,788. 154,416. 98,651. 40,595. 23,690. 567,173. 116,280. 99,311. 249,980. 5,582. 22,928.
ALL OTHER EXPENSES		176,553.
TOTAL TO FORM 199, PART II, LI	NE 17	2,915,710.

V-DAY	
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94-3389430

FORM 199 NET	NOTES RECEIVABLE		STATEMENT	5
DESCRIPTION		BEG. OF YEAR	END OF YE	AR
NOTES AND LOANS RECEIVABLE, NET		160,000.	165,1	55.
TOTAL TO FORM 199, SCHEDULE L,	160,000.	165,1	55.	
FORM 199	OTHER ASSETS		STATEMENT	6
DESCRIPTION		BEG. OF YEAR	END OF YE	AR
PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED C	HARGES	3,961,588. 38,179.	2,000,0	
TOTAL TO FORM 199, SCHEDULE L,	LINE 12	3,999,767.	2,038,7	44.
FORM 199	OTHER LIABILITIES		STATEMENT	7
DESCRIPTION		BEG. OF YEAR	END OF YE	AR
GRANTS PAYABLE		118,333.	33,3	33.
TOTAL TO FORM 199, SCHEDULE L,	LINE 18	118,333.	33,3	33.

V - DAY 2332477 Part I Election To Expense Certain Property Under IRC Section 179 1 Maximum deduction under IRC Section 179 for California 1 2 3 Threshold cost of IRC Section 179 property blacel in service 3 \$200,000 4 Roduction in limitation 3 \$200,000 4 Roduction in limitation 3 \$200,000 4 Roduction in limitation 3 \$200,000 5 Obtair limitation to taxable years. Solutate line 4 from line 2. If zero or liss, sinter -0- 5 5 6 - - - - 7 Listed property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7 8 - 9 Total section 180 elevation from prot taxable years. 10 - - 10 Carroyvor of disallowed deduction. Add line 9 and line 10, but do not enter more than line 11 12 - - 11 Description property 00 0 0 0 - - 11 Description property 0.0 and to not enter more than line 11 12 - 13 21 Carroyvor di diallowed deduction. Add line 9 and line 10, but sits in 12 13 - - 22 Carroyvor di diallowed deduction allowed or discription allowed or discription of property 0 0 0 0 22 Line Section 179 opoperty <	TAXABLE YEARCOI2014COI	rporatio	n Depi	reciatio	on and <i>l</i>	Amortiz	zation					CALIFORN	
V - DAY 2332477 Part Election To Expanse Cartais Preparty Under IRO Section 179 1 Maximum detaction under IRO Section 179 for Calibonia 1 Structure 2 3 Threshold cost of IRO Section 179 for party backer reduction in limitation 3 S20,000 3 S20,000 3 Threshold cost of IRO Section 179 for party backer reduction in limitation 3 S20,000 4 5 4 Enduction in limitation. Subtat lim 8 to Inon line 1.1 area or lies, enter -0- 5 5 5 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 4 7 Linked property (which IRO Section 179 cost) 7 1 4 9 1 10 Carryover of disallowed deduction Addines 3 and on tito 10, bits in the 2, as in the 1, bits in the 1 cost in the 1 12 13 1 Part 149 bescheckton 174 opense backeton 174 acro 140 best in the 10, bits in the 2, as in the 10, bits	Attach to Form 100 or Form 1	00W.			FORM	199]	FEIN	1	94-33	89430
Part 1: Election To Expanse Cartain Property Identific B Section 179 1 Monium diduction under IRS Section 179 property placed in service 1 2 Total cost of IRC Section 179 property placed in service 1 3 Threshold cost of IRC Section 179 property bence reduction in limitation 4 4 Reduction in limitation. Subtract line 4 from line 1. If zero or less, etter -0- 4 6 1 1 7 Lietd property (elicted IRC Section 179 corpany. (b) Cost (business use only) (c) Elected cost 7 Lietd property (elicted IRC Section 179 cost) 7 7 7 Lietd property (elicted IRC Section 179 cost) 7 8 9 Total cost of IRC Section 179 property data and unot to lock and not stat more than line 1 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 IRC Section 179 express ddataction. Add line 3 and line 10, bud do not stat more than line 11 12 13 Carryover of absolute diversion or US: Add line 3 and line 10, bud do not stat more than line 1 12 14 Section 178 information (g) and column (h). The total of column (h) may not exceed \$2,000. 16 15 Add the around to fine 1, 2 and line 13, columns (g) and (h), or business in column (g) and column (h). The total of column (h) may not exceed \$2,000. 16 16 Add the a	Corporation name									Ca	liforn	iia corporatio	on number
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14	(a) Description property	Date acquired	Co	st or	Depreciation	allowed or	Depreciation	Life	or		eprec	iation	Additional
16 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. 15 84,003. Part III Summary 15 84,003. 16 Total: If the corporation is electing: 16 84,003. 17 Total depreciation under RATC Section 24356, add the amounts on line 15, column (g); or 16 84,003. 17 Total etpreciation under RATC Section 24356, add the amounts on line 15, column (g) 17 84,003. 18 Depreciation digustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. 17 84,003. 18 If is the ard perceiation under the difference here and on Form 100W, no adjustment is necessary. 18 0. Part IV Amortization (a) (b) (Cost or other basis (d) RATC 19 0 0 0 (g) Amortization allowed or allowable in earlier years (f) (g) 20 Total. Add the amounts in column (g) 20 21 20 21 20 21 Total amortization digustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, representing the end percentage in the difference here and on Form 100 or Form 100W, no adjustment is necessary. 18 0. 22 Total. Add the amounts in column (g) 20	14												
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Part III Summary 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation claimed for federal purposes from federal Form 4562, line 22 16 84 , 003 . 17 Total depreciation under R&TC Section 24356, add the amounts on line 15, column (g) 17 84 , 003 . 18 Depreciation claimed for federal purposes from federal Form 4562, line 22 17 84 , 003 . 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. 17 84 , 003 . Part IV Amortization (a) (b) (c) Amortization allowed or allowable in earlier years R&TC Section allowable in earlier years Period or ereintage Amortization for this year 19 10 10 10 20 20 20 Total. Add the amounts in column (g) 20 20 21 21 Total amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, 20									4.5		0 /	003	
16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation claimed for federal purposes from federal Form 4562, line 22 16 8 4 , 003. 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 17 8 4 , 003. 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. 18 0. Part IV Amortization (a) Description of property 0 Date acquired (mm/dd/yyyy) Cost or other basis Amortization allowed or allowable in earlier years R&TC Section (see instructions) Period or percentage Period or for this year 19 10 10 10 10 10 10 20 Total. Add the amounts in column (g) 20 20 20 20 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 20 21		4, column (n)							15		04	,003.	
Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or 16 8 4,003. 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 17 8 4,003. 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 1000 or Form 100W, Side 1, line 6. 17 8 4,003. 19 0. 0. 18 0. 19 0. 0. 0. 0. 19 0. 0. 0. 0. 0. 19 0. 0. 0. 0. 0. 20 Total. Add the amounts in column (g) 0. 0. 0. 0. 0. 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 20 21	16 Total: If the corporation is	electing: add the amount	on line 12 an	d line 15. colu	mn (a): or								
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) 18 0. Part IV Amortization (a) (b) (c) (d) R&TC section (mm/dd/yyyy) (f) (g) 19 0 0 0 0 0 0 19 0 0 0 0 0 0 20 0 0 0 0 0 0 0 20 10 0 0 0 0 0 0 0 21 20 21 20 21 21 21 21	Additional first year depre Depreciation (if no election	ciation under R& 1 is made), enter	TC Section 24 the amount f	4356, add the rom line 15, c	amounts on lin olumn (g)						6		
If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) 18 0. Part IV Amortization (a) (b) (c) Amortization allowed or allowable in earlier years (f) Period or percentage Amortization for this year 19											17	8	4,003.
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Part IV Amortization (a) (b) (c) (d) R&TC Section Period or percentage Amortization for this year 19 0								-					٥
(a) Description of property (b) Date acquired (mm/dd/yyyy) (c) Cost or other basis (d) Amortization allowed or allowable in earlier years (e) R&TC section (se instructions) (f) Period or percentage (g) Amortization for this year 19		mine net incom	e betore state	adjustments d	on Form 100 or	Form IUUW, n	io adjustmer	t is necess	ary.)	1	8		0.
Image: contract of the series of the seri	(a)		ite acquired	Co	st or	Amortization	n allowed or		n I'	Period o		Amorti	zation
20 Total. Add the amounts in column (g) 20 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, 20		(n	im/dd/yyyy)	otne	r dasis	allowable in	earlier years			ercentag	je	tor this	s year
21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, 21	19												
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21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, 21											_		
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21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, 21	20 Total. Add the amounts in	column (a)				1		1	I	2	0		
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W,													
											\top		
	Side 1, line 6. If line 21 is	less than line 20	, enter the diff	erence here ar	nd on Form 100) or Form 100\	W, Side 1, lin	e 12		2	2		

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CA 3885		DEPRECIATION			STATEMENT 8		
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 FURNITURE,	FIXTURES	~					
	VARIOUS	152,701.	115,768.	VAR	5.00	7,141.	
2 WEBSITE							
	VARIOUS	179,445.	88,008.	VAR	3.00	49,881.	
3 AUTOMOBILE							
	VARIOUS	69,381.	20,812.	VAR	5.00	13,876.	
4 CONSTRUCTIO	ON IN PROG	RESS, WAREHOU	SE - VWORI	LD FARM			
	VARIOUS	674,217.		VAR	20.00	13,105.	
TOTAL DEPR TO FOR	AM 3885	1,075,744.	224,588.		-	84,003.	

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:	Using black or blue ink, make check or money order payable to the
	"Franchise Tax Board." Write the corporation number or FEIN and
	"2014 FTB 3586" on the check or money order. Detach voucher
	below. Enclose, but do not staple, payment with voucher and
	mail to:
	FRANCHISE TAX BOARD
	PO BOX 942857
	SACRAMENTO CA 94257-0531
Make all checks or mone	y orders payable in U.S. dollars and drawn against a U.S. financial institution.

 WHEN TO FILE:
 Fiscal Year - See instructions. Calendar Year - File and Pay by March 16, 2015.

 When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

 ONLINE SERVICES:
 Corporations can make payments online with Web Pay for Businesses.

After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov** for more information.

439035 12-04-14

_ DETACH HERE _ _ _ _ _ IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS VOUCHER _ _ _ _ DETACH HERE _ _ _ CAUTION: You may be required to pay electronically, see instructions. TAXABLE YEAR Payment Voucher for Corps and CALIFORNIA FORM Exempt Orgs e-filed Returns 2014 3586 (e-file) 2332477 V-DA 94-3389430 000000000000 14 FORM 3 07-01-2014 TYB TYE 06 - 30 - 2015VDAY 4104 24TH STREET NO 4515 SAN FRANCISCO CA 94114 (212) 645-8329 10. Total Payment Amt

022

TAXABL 20		California Exempt C		turn Autho ons	rization f	or			FORM 8453-EO
Exempt Org	ganization name							Ident	ifying number
V-DA	Y							94	-3389430
Part I		Return Informatio	•	only)					1 050 400
	•	pts (Form 199, line	,						1 1,852,482.00 2 1,852,482.00
	•	ne (Form 199, line a	,	· · · · · · · · · · · · · · · · · · ·					$\frac{2}{3}$ $\frac{1,852,482.00}{5,345,568.00}$
3 Tota	ai expenses a	nd disbursements	(Form 199, line 9)					3
Part II	Settle You	Account Electron	nically for Taxab	e Year 2014					
4		unds withdrawal	4a Amount				date (mm/d	d/yyyy)	
Part III		formation (Have yo	ou verified the exe	empt organization's t	panking informat	ion?)			
	ting number				7 Toma of a	[Г	Quinter
Part IV	Declaration	of Officer			7 Type of a	ccount: L	Check	ing l	Savings
			to be settled as des	ignated in Part II. If Loh	eck Part II Rox 4	Lauthorize	an electroni	c funds w	vithdrawal for the amount listed
on line 4a		gamzation o account			ook i aren, box i,	1 dddhoh20			
transmitte California a balance organizati statement	er, or intermédi electronic retu due return, l u ion will remain ts be transmitte	ate service provider a rn. To the best of my nderstand that if the F iable for the fee liabili d to the FTB by the El	nd the amounts in F knowledge and beli ranchise Tax Board ty and all applicable RO, transmitter, or i	Part I above agree with t ef, the exempt organizat (FTB) does not receive	he amounts on the tion's return is true full and timely pay I authorize the exe vider. If the proce	e correspon e, correct, a yment of the mpt organizes ssing of the	iding lines o nd complete e exempt org zation return	f the exer . If the ex janization and acc	ic return originator (ERO), npt organization's 2014 kempt organization is filing n's fee liability, the exempt ompanying schedules and n's return or refund is
Sign	Signature	of Officer		Date	EXECUTI	VE DI	RECTO	R	
Here	orginature			Date	nie				
Part V	Declaratio	of Electronic Ret	turn Originator (ERO) and Paid Prep	arer.				
am only a accurately provided 1345, 20 the exemp I declare t true, corre	that I have revie n intermediate y reflects the da the organizatio 14 e-file Handb ot organization that I have exar	wed the above exemp service provider, I un ta on the return.) I ha n officer with a copy c pok for Authorized e-f return is filed, whiche nined the above exem	ot organization's ret derstand that I am r ve obtained the org of all forms and info ile Providers. I will I ver is later, and I w pt organization's re	urn and that the entries not responsible for revie anization officer's signa rmation that I will file wi keep form FTB 8453-EO Il make a copy available	on form FTB 8453 ewing the exempt of ture on form FTB th the FTB, and I h on file for four ye to the FTB upon n schedules and st	organization 8453-EO be lave followe ars from the request. If I	's return. I c fore transm d all other re e due date o am also the nd to the be	leclare, h itting this equireme f the retu paid prep	the best of my knowledge. (If I owever, that form FTB 8453-E0 return to the FTB; I have nts described in FTB Pub. rn or four years from the date parer, under penalties of perjury, knowledge and belief, they are
ERO						preparer		ployed	
	Firm's name (or y if self-employed)			R, CPAS LLP				FEI	13-1655065
Sign	and address		EAST 42NI YORK, NY) STREET				ZIP	Code 10017
		y, I declare that I have	e examined the abo	ve organization's return ation based on all inforr					d to the best of my knowledge
Paid	Paid				Date		Check		Paid preparer's PTIN
Prepar	rer preparer's signature						if self- employed		P00541714
Must	Firm's nar if self-emp	loved)		ARR, CPAS L	LP			FEI	13-1655065
Sign	and addre	s 30	0 EAST 42 W YORK, N	ND STREET IY				ZIP	Code10017
For Priva	acy Notice, g	et FTB 1131 ENG	/SP.						FTB 8453-EO 2014

429021 11-06-14 MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS: http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: ct 116539	Check if:						
	Change of address						
V-DAY Name of Organization	Amended report						
4104 24TH STREET, NO. 4515	Corporate or Organization No. 2332477						
SAN FRANCISCO, CA 94114 City or Town, State and ZIP Code	Federal Employer I.D. No. 94–3389430						
	LE (11 Cal. Code Regs. sections 301-307, 311 and 312) General's Registry of Charitable Trusts						
Gross Annual Revenue Fee Gross Annual Revenue	e <u>Fee</u> <u>Gross Annual Revenue</u> <u>Fee</u>						
Less than \$25,000 0 Between \$100,001 and Between \$25,000 and \$100,000 \$25 Between \$250,001 and							
PART A - ACTIVITIES							
For your most recent full accounting period (beginning 07/01/2014 ending 06/30/2015) list: Gross annual revenue \$1,852,482. Total assets \$5,684,521.							
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE	E PERIOD OF THIS REPORT						
Note: If you answer "yes" to any of the questions below, you must and details for each "yes" response. Please review RRF-1 in:							
1. During this reporting period, were there any contracts, loans, lease	s or other financial transactions between the organization Yes No						
and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?							
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?							
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?							
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.							
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.							
 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. 							
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.							
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.							
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?							
Organization's area code and telephone number $212-645-8329$							
Organization's e-mail address							
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.							
SUSAN CELIA SWAN	EXECUTIVE DIRECTOR						
Signature of authorized officer Printed Name	Title Date						
429291							

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1.General Information							
For Fiscal Year Beginning (mm/dd/yyyy) 07/01/2014 and Ending (mm/dd/yyyy) 06/30/2015							
Check if Applicable:	Name of Organization:Employer Identification Number (ElV-DAY94-3389430						
Name Change	Mailing Address:NY Registration Number:4104 24TH STREET, NO. 451520-14-01						
Final Filing		City / State / ZIP: Telephone: 212 645-8329					
Reg ID Pending	Website: WWW • VI	DAY.ORG			Email:		
Check your organization's registration category: 7A only EPTL only X DUAL (7A & EPTL) EXEMPT Find your registration category in the Charities Registry at www.CharitiesNYS.com							
2. Certification							
See instructions for certif	ication requir	ements. Imprope	r certification is a violation	of law that may be subject	to penalties.		
				g all attachments, and to the s of the State of New York ap SUSAN CELIA			
President or Authorized	Officer:			EXECUTIVE I			
		Signature		Print Name			
Chief Financial Officer or	r Treasurer:						
Signature				Print Name and Title Date			
3. Annual Reporting	a Exempti	on					
			r organization is claiming a	in exemption under the cate	egory (7A and EPTL only filers) or both		
categories (DUAL filers)	that apply to	your registration,	complete only parts 1, 2,	and 3, and submit the certif	ied Char500. No fee, schedules, or		
	•		m an exemption or are a D	UAL filer that claims only or	ne exemption, you must file applicable		
schedules and attachme	ents and pay	applicable fees.					
3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc, did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).							
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.							
4. Schedules and A	ttachmen	ts					
See the following page for a checklist of Schedules and Schedules and Schedules to Comparison of the fund raising activity in NY State? If yes, complete Schedule 4a.							
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.							
5. Fee							
See the checklist on the	7A filing	g fee:	EPTL filing fee:	Total fee:	Make a single-check or money order		
next page to calculate yo					payable to:		
fee(s). Indicate fee(s) you are submitting here:	\$	25.	\$250.	\$ <u>275.</u>	"Department of Law"		
	I			I			

⁴⁶⁸⁴⁵¹ 12-29-14 1019 CHAR500 Annual Filing for Charitable Organizations (Updated December 2014)

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V-DAY



Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.

- Your organization is registered as EPTL only and marked the EPTL filing exemption in Part 3.

- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- LI If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- X All additional IRS Form 990 Schedules including Schedule B (Schedule of Contributors).

IRS Form 990-T if applicable

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$500,000.
- X Audit Report if you received total revenue and support greater than \$500,000

l No Review Report or Audit Report is required because total revenue and support is less than \$250,000

Note: The Audit and Review requirements are set to change in 2017 and 2021 in accordance with the Non Profit Revitalization Act of 2013. For more details, visit www.CharitiesNYS.com.

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you marked the 7A exemption in Part 3a
- X \$25, if you did not mark the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you marked the EPTL exemption in Part 3b
\$25, if the NET WORTH is less than \$50,000
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
\fbox \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
50,000,000 or more but less than \$50,000,000 or more but less than \$50,000,000
50,000, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271 Is my organization a 7A, EPTL or DUAL filer?

- 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
- EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
- DUAL filers are registered under both 7A and EPTL.

Check your registration category and learn more about NY law at www.CharitiesNYS.com

Where do I find my organization's NET WORTH?

- NET WORTH for fee purposes is calculated on:
- IRS From 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between
- Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

⁴⁶⁸⁴⁶¹ ¹²⁻²⁹⁻¹⁴ 1019 CHAR500 Annual Filing for Charitable Organizations (Updated December 2014)