Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www irs gov/form990.

Open to Public Inspection

A F	or the	2013 calendar year, or tax year beginning $$ JUL $1,$ 2013 $$ and ending	<u>Ј</u> ŬN 30,	2014			
	heck if pplicable		D Employer	identific	cation number		
X	Address change	V-DAY					
	Name change	Doing Business As		94-3	389430		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s					
L	Termin- ated	4104 24TH STREET 4515		415-	317-2067		
]Amende return]Applica	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts	s \$	7,442,907.		
	_tion pending	SAN FRANCISCO, CA 94114	H(a) Is this a	group re	eturn		
	ļ	F Name and address of principal officer: SUSAN CELLA SWAN			? Yes X No		
		SAME AS C ABOVE			rcluded? Yes No		
					list. (see instructions)		
_		e: ► WWW. VDAY. ORG	H(c) Group e				
			ear of formation: 2	00T V	State of legal domicile: CA		
Pa		Summary	урвурсс ш	O ENT	D WICE ENGR		
Governance	1 E	Briefly describe the organization's mission or most significant activities: $rac{RAISE\ AW}{AGAINST\ WOMEN\ AND\ GIRLS$.	AKENESS I	O EN	D VIOLENCE		
ern	2 (Check this box $lacktriangle$ if the organization discontinued its operations or disposed of n	nore than 25% of i	ts net as			
Š		lumber of voting members of the governing body (Part VI, line 1a)			20		
<u>«</u>		lumber of independent voting members of the governing body (Part VI, line 1b)			19		
ies		otal number of individuals employed in calendar year 2013 (Part V, line 2a)			12		
Activities &		otal number of volunteers (estimate if necessary)			35		
Act		otal unrelated business revenue from Part VIII, column (C), line 12			0.		
_	bΝ	let unrelated business taxable income from Form 990-T, line 34			0.		
			Prior Year		Current Year		
ne		Contributions and grants (Part VIII, line 1h)	4,633,	0.	7,417,801.		
Revenue		Program service revenue (Part VIII, line 2g)	2	974.	2,673.		
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		445.	22,433.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,651,		7,442,907.		
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,238,		1,124,161.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,230,	0.	1,124,101.		
		Renefits paid to or for members (Part IX, column (A), line 4)	1,319,				
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,313,	0.1	0.		
ben	lua r	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)					
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,511,	658.	3,624,549.		
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,068,		6,168,401.		
		Revenue less expenses. Subtract line 18 from line 12	-1,417,	804.			
or es		10.101.000 OVER 1000. ORDER GOT III TO HOTH III O 12	Beginning of Curre		End of Year		
ets	20 T	otal assets (Part X, line 16)	7,769,		9,143,599.		
Ass d Ba	21 7	otal liabilities (Part X, line 26)		789.	192,474.		
Net Assets or Fund Balances	22 N	let assets or fund balances. Subtract line 21 from line 20	7,676,		8,951,125.		
Pa	rt II	Signature Block		•			
Unde	er penal	ies of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the t	est of my	y knowledge and belief, it is		
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowled	dge.			
Sigr	า	Signature of officer	Date				
Her	e	SUSAN CELIA SWAN, EXECUTIVE DIRECTOR Type or print name and title					
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN		
Paid		CHRIS BELLANDO		if			
Prep	-	Firm's name LUTZ AND CARR, CPAS LLP	Firm's	self-employe	13-1655065		
Use		Firm's address 300 EAST 42ND STREET		, L 111			
	,	NEW YORK, NY 10017	Phone	e no. 21	2-697-2299		
May	the IR	S discuss this return with the preparer shown above? (see instructions)	11 110110		X Yes No		

4d Other program services (Describe in Schedule O.)

(Expenses \$ 971,384 · including grants of \$

) (Revenue \$

e Total program service expenses ▶

5,397,499

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Part IV Checklist of Required Schedules Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in 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		X
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		_X_
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		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
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		_X_
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		_X_
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		77	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
	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?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
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	Λ	
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	מדי		
.5	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			
	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,"	46		v
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		-22
D	ii res to line zua, uiu trie organization attaun a copy oi its auditeu iirianciai statements to triis fetum?	ZU D		

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Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
21	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 individuals in the United States 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? <i>If</i> "Yes," <i>complete</i>	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		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) 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 so, 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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	Λ	х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		X
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)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х

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Form 990 (2013) V-DAY 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					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	37			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ıble gaming			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other $\frac{1}{2}$	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	X	
b	If "Yes," enter the name of the foreign country: ► CONGO, DEM REP					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial					37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					х
	any contributions that were not tax deductible as charitable contributions?			6a		_^
b	If "Yes," did the organization include with every solicitation an express statement that such contribut were not tax deductible?		-	6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			OD		
' а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sel	rvices ı	provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?		'	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ct?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file February	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. D					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	ne during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	۱	I			
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:	140	I			
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	11b				
102	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<u> </u>	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u>.</u>	ıza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
	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.					
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				
С	Enter the amount of reserves on hand	13c				
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
				Eorm	aan	(2012)

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Pai	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			"No" r	espon	se
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1 20			
	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	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi		anv other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person?		-	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such control of the control of	-				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y beto	ore filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			40	Х	
	• • • • • • • • • • • • • • • • • • • •		fliotoQ	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			12b	21	
С				100	Х	
13	in Schedule O how this was done Did the organization have a written whistleblower policy?			12c 13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
 15	Did the process for determining compensation of the following persons include a review and approve			1-7		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		portdorit			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	nent v	vith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its ¡	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►NY , CA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	(Sect	ion 501(c)(3)s only) a	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict	of interest policy, an	d finar	ncial	
	statements available to the public during the tay year					

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

THE ORGANIZATION - 415-317-2067 4104 24TH STREET, SUITE 4515, SAN FRANCISCO, 94114

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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.

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

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

(A)	(B)	l	111126	((пре	1341	(D)	(E)	(F)
Name and Title	Average hours per week	box.	not c unle	Pos heck ss pe	ition more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SUSAN CELIA SWAN	40.00	.,		77				100 624	0	1 400
EXECUTIVE DIRECTOR	2.00	Х		Х				190,624.	0.	1,428.
(2) EVE ENSLER	2.00	х		х				0.	0.	0
FOUNDER/ARTISTIC DIRECTOR (3) AMY RAO	2.00	Δ		Δ			_	0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(4) KIMBERLE W. CRENSHAW	2.00	Δ						0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(5) CARI ROSS	2.00	77						0.	0.	
DIRECTOR	2.00	х						0.	0.	0.
(6) CAROLE BLACK	2.00							•	•	
DIRECTOR	2.00	x						0.	0.	0.
(7) CHARLIZE THERON	2.00								•	
DIRECTOR		x						0.	0.	0.
(8) WENDY SCHMIDT	2.00	 						•		•
DIRECTOR		x						0.	0.	0.
(9) EMILY SCOTT POTTRUCK	2.00									
DIRECTOR		х						0.	0.	0.
(10) JANE FONDA	2.00									
DIRECTOR		х						0.	0.	0.
(11) JENNIFER BUFFET	2.00									
DIRECTOR		Х						0.	0.	0.
(12) KATHERINE MCFATE	2.00									
DIRECTOR		Х						0.	0.	0.
(13) KERRY WASHINGTON	2.00									
DIRECTOR		Х						0.	0.	0.
(14) REGINA K. SCULLY	2.00									
DIRECTOR		Х						0.	0.	0.
(15) LISA SCHEJOLA AKIN	2.00									
DIRECTOR		Х						0.	0.	0.
(16) MELLODY HOBSON	2.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(17) PAT MITCHELL	2.00									•
DIRECTOR		Х						0.	0.	0.

332007 10-29-13

Form 990 (2013) V – DAY									94-3389	430	Pa	age 8
Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do	not c	Pos check	ition more	than	one	Reportable	Reportable	Es	timate	∍d
	hours per	box	, unle	ess pe	rson	is bot	h an	compensation	compensation		nount	of
	week (list any	\vdash	T	T	1	T	Ι	from	from related		other	41
	hours for	irecto						the organization	organizations (W-2/1099-MISC)		pensa om th	
	related	e or d	tee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	1	anizat	
	organizations	truste	al trus		ee ,	m per		(** 27 1000 141100)			d relat	
	below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	l la				anizati	
	line)	Indivi	Instit	Officer	Key er	Highe	Former					
(18) ROSARIO DAWSON	2.00											
DIRECTOR		X						0.	0.			0.
(19) SHERYL SANDBERG	2.00											
DIRECTOR		Х						0.	0.			0.
(20) THANDIE NEWTON	2.00											
DIRECTOR		Х						0.	0.			0.
(21) BETH DOZORETZ (RESIGNED ON 7/2	2 2.00											
DIRECTOR		Х						0.	0.			0.
(22) DONNA KARAN (RESIGNED ON 10/1/	2 2.00	1							_			
DIRECTOR		Х						0.	0.			0.
(23) CECILE LIPWORTH	40.00	1										
MANAGING DIRECTOR	1000			Х				139,225.	0.		6,4	<u>56.</u>
(24) TONY MONTENIERI	40.00	4						100 500	•	_	. .	
OPERATIONS DIRECTOR		-		Х		_		120,580.	0.		3,4	56.
		┨										
1b Sub-total								450,429.	0.	2	1,3	40.
c Total from continuation sheets to Part								0.	0.			0.
d Total (add lines 1b and 1c)								450,429.	0.	2	1,3	40.
2 Total number of individuals (including but								eceived more than \$100	,000 of reportable			
compensation from the organization												3
											Yes	No
3 Did the organization list any former office												
line 1a? If "Yes," complete Schedule J fo										3		Х
4 For any individual listed on line 1a, is the												
and related organizations greater than \$										4	X	
5 Did any person listed on line 1a receive of	•				•			· ·				77
rendered to the organization? If "Yes," co	mplete Schedu	le J t	or s	uch	pers	son				5		X
Section B. Independent Contractors									•			

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

(A) Name and business address	(B) Description of services	(C) Compensation
REDLETTER PRODUCTIONS, PO BOX 12682,, SELCOURT SPRINGS, SOUTH AFRICA	FILM PRODUCTION	122,467.
BLUE STATE DIGITAL, 406 7TH STREET NW 3RD FLOOR, WASHINGTON, DC 20004	ADVERTISING	107,510.
2 Total number of independent contractors (including but not limited to those list \$100,000 of compensation from the organization ▶ 2		

Form **990** (2013)

			2013) V-DAY					94-3389	430 Page 9
Pa	rt \	/	Statement of Reve	nue					
			Check if Schedule O con	tains a response	or note to any li		(5)		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
ts, (Arr		С	Fundraising events	1c	3,533.				
ia:		d	Related organizations	1d					
ns, Sim			Government grants (contribut						
utio		f	All other contributions, gifts, gran		414 260				
Oth			similar amounts not included abo		414,268.				
ind			Noncash contributions included in lines	·		7,417,801.			
0 8		n	Total. Add lines 1a-1f		Business Code				
ø	2	а			Business Code				
Program Service Revenue	_	b							
Ser		c							
am		d							
ogr R		е							
<u>r</u>		f	All other program service reve	enue					
		g	Total. Add lines 2a-2f						
	3		Investment income (including	•	•	0 6772			0 672
			other similar amounts)			2,673.			2,673.
	4		Income from investment of ta						
	5		Royalties						
	6	_	Cross rents	(i) Real	(ii) Personal	-			
	0		Gross rents Less: rental expenses			-			
			Rental income or (loss)			-			
			Net rental income or (loss)						
	7		Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses						
		С	Gain or (loss)						
			Net gain or (loss)						
ine	8	а	Gross income from fundraising	ig events (not					
ven			including \$ 3,5						
. Be			contributions reported on line Part IV, line 18	=	0.				
Other Revenue		h	Less: direct expenses		0.	1			
Ó			Net income or (loss) from fund		>	0.			
	9		Gross income from gaming a						
			Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gan						
	10	а	Gross sales of inventory, less						
			and allowances						
			Less: cost of goods sold						
		С	Net income or (loss) from sale						
	11	_	Miscellaneous Revenu	ıe	Business Code	22,433.	22,433.		
	"	a b	<u> </u>		700077	22,330	22,335		
		C							
			All other revenue						
			Total. Add lines 11a-11d		>	22,433.			
	12		Total revenue. See instructions.			7,442,907.	22,433.	0.	•
33200 10-29	9 -13								Form 990 (2013)

Form 990 (2013) V-DAY Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A).	
	Check if Schedule O contains a respons	(A)	(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundráising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	337,567.	337,567.	J 1	·
2	Grants and other assistance to individuals in	1,750.	1,750.		
3	the United States. See Part IV, line 22	1,750.	1,750.		
3	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	784,844.	784,844.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	458,015.	326,908.	40,249.	90,858,
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	700 500	FF0 042	60 206	154 150
7	Other salaries and wages	780,528.	558,043.	68,306.	154,179
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	98,645.	67,968.	9,413.	21,264.
9 10	Other employee benefits	82,503.	56,846.	7,872.	17,785
11	Payroll taxes Fees for services (non-employees):	02,303.	30,010.	7,072.	17,703
	Management				
	Legal	50,835.	33,504.	14,586.	2,745.
	Accounting	21,000.	21,000.	,	, -
	Lobbying	,	,		
е	D (' 1(1 ' ' ' O D ' N ()' 47				
f	Investment management fees				
g	//(!) 44				
	column (A) amount, list line 11g expenses on Sch O.)	531,059.	531,059.		
12	Advertising and promotion				
13	Office expenses	150,247.	133,706.	10,701.	5,840
14	Information technology	148,764.	141,921.	5,996.	847.
15	Royalties	15 001		15 001	
16	Occupancy	15,901.	221 271	15,901.	
17	Travel	476,516.	331,371.	145,145.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	1,149.	1,149.		
19 20	Conferences, conventions, and meetings	エ,エモノ・	エ,エモノ・		
21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	72,458.		72,458.	
23	Insurance	20,986.		20,986.	
24	Other expenses. Itemize expenses not covered 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 0.)				
а	DDODUGETON EXPENSE	467,770.	467,770.		
b	CITY OF JOY PROGRAM EXP	449,145.	449,145.		
c	PANZI HOSPITAL	439,988.	439,988.		
d	FILM AND VIDEO	265,865.	265,865.		
е	All other expenses	512,866.	447,095.	59,902.	5,869.
25	Total functional expenses. Add lines 1 through 24e	6,168,401.	5,397,499.	471,515.	299,387.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form QQ((2012)

Form 990 (2013)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			653,596.	1	357,945.
	2	Savings and temporary cash investments			3,379,287.	2	4,181,960.
	3	Pledges and grants receivable, net			3,535,372.	3	3,961,588.
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens.	ated emplo	oyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec	tion 501(c)	(9) voluntary			
ţ		employees' beneficiary organizations (see instr)	. Complete	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		_	0.	7	160,000.
ĕ	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			27,678.	9	38,179.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	668,515.			
	b		10b	224,588.	173,475.	10c	443,927.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			7,769,408.	16	9,143,599.
	17	Accounts payable and accrued expenses			92,789.	17	74,141.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Se	22	Loans and other payables to current and forme	r officers, o	directors, trustees,			
Ě		key employees, highest compensated employee	es, and dis	qualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ated third	oarties		23	
	24	Unsecured notes and loans payable to unrelate	d third par	ties		24	
	25	Other liabilities (including federal income tax, pa	ayables to i	related third			
		parties, and other liabilities not included on lines	s 17-24). C	omplete Part X of			
		Schedule D			0.	25	118,333.
	26	Total liabilities. Add lines 17 through 25			92,789.	26	192,474.
		Organizations that follow SFAS 117 (ASC 958		nere ▶ 🔼 and			
es		complete lines 27 through 29, and lines 33 ar			2 4 2 5 5 5 5 6		
anc	27	Unrestricted net assets			3,195,572.	27	3,097,533.
Bal	28	Temporarily restricted net assets			4,481,047.	28	5,853,592.
pu	29					29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	NSC 958), (check here			
õ		and complete lines 30 through 34.					
)ets	30	Capital stock or trust principal, or current funds			30		
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
<u>e</u>	32	Retained earnings, endowment, accumulated in			- CDC C12	32	0.051.135
~	33	Total net assets or fund balances			7,676,619.	33	8,951,125.
	34	Total liabilities and net assets/fund balances			7,769,408.	34	9,143,599.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		<u>Ш</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,44		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,16		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,27		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,67	6,6	<u> 19.</u>
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	8,95	1,1	25.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
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	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

94-3389430

Name of the organization

V-DAY

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

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	:.) See inst	tructions.					
he organ	nization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)						
1	A church, cor	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).					
2			'0(b)(1)(A)(ii). (Attach Sc										
з 🗌			tal service organization	•		170(b)(1)	A)(iii).						
4	•		operated in conjunction					(b)(1)(A)(ii	ii). Enter	the hosi	oital's r	name	e.
-	city, and stat								•				•
5	• •		benefit of a college or ur	niversity o	wned or or	perated by	a governi	mental uni	it describ	ed in			
• —	-	(b)(1)(A)(iv). (Comple	-			, a.c.	a go						
6			ent or governmental unit	t docaribo	d in coctio	n 170/h)/-	IVAVA)						
7 X			eives a substantial part					or from the	aonoral	public c	occrib	od in	,
,	-	b)(1)(A)(vi). (Comple	· ·	or its supp	ort nom a	governine	intai uniit C		general	public c	CSCIID	eu ii	'
8 🗌			ection 170(b)(1)(A)(vi).	(Complete	Port II \								
9 🗔			eives: (1) more than 33 1			rom contri	hutione m	namharchi	in fees a	nd ares	rocoi	nte f	rom
9	-	•	nctions - subject to certa							-		-	
			axable income (less sect										
		509(a)(2). (Complete		lion on ita	ix) iroiri bu	311103503	acquired b	y trie orga	arnzation	anter ou	ie 30,	197	J.
10 🔲			perated exclusively to te	et for publi	ic cafoty 9	Soo coctio	n 500(a)(/	1\					
11 🗔	-	-	perated exclusively for the	-	•			-	v out the	nurnos	es of c	nna n	nr.
—	-	-	ations described in section		· ·				•				71
			organization and comple				.). Occ 3c () COO 11011	a)(0). On	CON LITE	מאל נוו	aı	
	a Type I				nctionally i		c	Typ	e III - No	n-functio	nally i	ntea	rated
۵ 🗆		•	at the organization is not		•	•					•	•	
• —			han one or more publicly										
f		-	ten determination from t		-				J(4)(1) J1	00011011	000(u)	·(-)·	
•		rganization, check th											
g	•	,	organization accepted ar						sons?				
3			irectly controls, either al							·_	Y	'es	No
			upported organization?										
	-		n described in (i) above?										
			person described in (i) o										
h			about the supported or								. ,,		
		3	, ,		()								
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did you	ı notify the	(vi) ls	the .	(vii) Am	ount of	mon	etary
` '	anization	(11) = 111	(described on lines 1-9	in col. (i) lis	sted in your	organizat	ion in col.	organizátio	on in col. red in the	(****)	suppor		otal y
·			above or IRC section	governing	document?	(i) of your	support?	(i) organiz U.S	.?				
			(see instructions))	Yes	No	Yes	No	Yes	No				
				<u> </u>	<u> </u>			<u> </u>					
otal													

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

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3544133.	2944031.	7623805.	4633764.	7417801.	26163534.
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	3544133.	2944031.	7623805.	4633764.	7417801.	26163534.
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)						10859859.
6	Public support. Subtract line 5 from line 4.						15303675.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	3544133.	2944031.	7623805.	4633764.	7417801.	26163534.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	6,300.	3,684.	1,284.	3,974.	2,673.	17,915.
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 IV.)				13,445.	22,433.	35,878.
11	Total support. Add lines 7 through 10						26217327.
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	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2013 (ine 6, column (f) di	vided by line 11, c	olumn (f))		14	58.37 %
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	75.94 %
16a	33 1/3% support test - 2013. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	$\ensuremath{\text{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2012. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check the	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Par	t IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explain	in Part IV how the	e
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a publi	cly supported orga	anization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ınd see instruction	ıs ▶□
							000 EZ\ 0040

Schedule A (Form 990 or 990-EZ) 2013

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	now, prodec com	proto r art my				
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax vear as a sectic	on 501(c)(3) organiz	ation.
check this box and stop here	•		•	•		
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2013 (li	ne 8, column (f) d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 2012	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20	13 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 2	:012 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2013. If the					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar	nd stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2012. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20 Private foundation. If the organization	า did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	<u> </u>

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www irs gov/form990.

2013
Open to Public Inspection

Pai	rt I	Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or A	ccounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	6.		
			(a) Donor advised funds	(k) Funds and other accounts
1	Total	number at end of year			
2		egate contributions to (during year)			
3		egate grants from (during year)			
4		egate value at end of year			
5		e organization inform all donors and donor advisors in w	riting that the assets held in donor advise	ed fund	ds
		e organization's property, subject to the organization's	-		
6		e organization inform all grantees, donors, and donor ac			
•		aritable purposes and not for the benefit of the donor or			
Pai		Conservation Easements. Complete if the organization			
1		ose(s) of conservation easements held by the organization		,.	
•		Preservation of land for public use (e.g., recreation or ed	·	orically	v important land area
	Ħ	Protection of natural habitat	Preservation of a certif		
	Ħ	Preservation of open space	1 reservation of a certif	ica ma	none structure
2	Comi	plete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form o	of a cou	nservation easement on the last
_		f the tax year.	ed conservation contribution in the form of	n a coi	nservation easement on the last
	uay c	Title tax year.		Г	Held at the End of the Tax Year
_	Total	number of consequation easements		- 1	2a
a		number of conservation easementsacreage restricted by conservation easements			2b
0		per of conservation easements on a certified historic stru			2c 2c
4		per of conservation easements included in (c) acquired a			20
u					2d
3		in the National Register per of conservation easements modified, transferred, rele		organi	
3	year		eased, extiliguished, or terminated by the	organi	ization during the tax
4	•	 per of states where property subject to conservation eas	ament is legated		
5					
3		the organization have a written policy regarding the peri			Yes No
6		ions, and enforcement of the conservation easements it			
6		and volunteer hours devoted to monitoring, inspecting, and a			
7		int of expenses incurred in monitoring, inspecting, and e each conservation easement reported on line 2(d) above			
8					
•		ection 170(h)(4)(B)(ii)?			
9		t XIII, describe how the organization reports conservation	•		
		le, if applicable, the text of the footnote to the organizati	on s imanciai statements that describes ti	rie org	anization's accounting for
Pai		ervation easements. Organizations Maintaining Collections of	Art Historical Treasures or Ot	her S	Similar Assets
		Complete if the organization answered "Yes" to Form 9	-		7.000to.
12	If the	organization elected, as permitted under SFAS 116 (ASC		ent an	and halance sheet works of art
ıa		ical treasures, or other similar assets held for public exhi	•		· ·
		ext of the footnote to its financial statements that describ		ice oi į	public service, provide, irri art XIII,
h		organization elected, as permitted under SFAS 116 (ASC		and h	alance shoot works of art, historical
b		ures, or other similar assets held for public exhibition, ed			
		•	deation, or research in furtherance of pub	ilic sei	vice, provide the following amounts
		ng to these items:			• •
		evenues included in Form 990, Part VIII, line 1			
0			auros or other similar appets for financial		· · ·
2		organization received or held works of art, historical trea		yaırı, f	Jiovide
_		llowing amounts required to be reported under SFAS 11			▶ ¢
a		nues included in Form 990, Part VIII, line 1			> \$ > \$
D	ASSE	s included in Form 990, Part X			▶ ⊅

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

Schedule D (Form 990) 2013

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): a Public whibition		t III Organizations Maintaining C	Collections of A	t. Histori	cal Tr	reasures o	or Oth	er Simi			ved)
check all that apply : a				-							
a Public achibition d Loan or exchange programs b Scholarly research e Other Theywork a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Portive a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Portive Excrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is it is erganization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX, line 21. Is it is erganization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX, line 21. Is genining balance C Beginning balance G Beginning balance I Ending balance Both the organization include an amount on Form 990, Part X, line 21? Both the organization include an amount on Form 990, Part X, line 21? Both the organization include an amount on Form 990, Part X, line 21? Both the organization include an amount on Form 990, Part X, line 21? Both the organization include an amount on Form 990, Part X, line 21? Both the organization include an amount on Form 990, Part X, line 21? Both the organization include an amount on Form 990, Part X, line 10. Both the organization include an amount on Form 990, Part X, line 10. Both the organization include an amount on Form 990, Part X, line 10. Both the organization include an amount on Form 990, Part X, line 10. Both the organization include an amount on Form 990, Part X, line 10. Both the organization and the organization include an amount on Form 990, Part X, line 10. Both the organization and the organization include an amount on Form 990, Part X, line 10. Both the organization and part Y, line 11. Both the organization and y and part Y, line 11. Both the organization and y and part Y, line 11. Both the organization and y and pa	3		on, and other record	is, crieck arr	/ OI LITE	Fioliowing tria	it ale a s	signincani	use or its	COIIECTIOI	i iterris
b Scholarly research core for future generations 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 solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds aristment han to be maintained as part of the organization sollection?	_	`	A	Loar	or ove	shango progra	ame				
c Peservation for future generations 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 solicit 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's collection? Ves											
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 solicit 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 answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part XI. line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XI. line 21. a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XI. line 21. b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1			е	L Oute	" ——						
5 During the year, did the organization solicit 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's collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10. If "Yes," explain the arrangement in Part XIII and complete the following table: Beginning balance		_	alloations and avaloi	a haw thay f	urthort	tha arganizati	on's ov	omnt nur	ooo in Dor	+ VIII	
Does sold to raise funds rather than to be maintained as part of the organization's collection?									JUSE III Fai	L AIII.	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or 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? Ves	э									Voc	No
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? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1e	Pai										INO
Tall Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves	ı uı			ete ii tile org	ariizatio	on answered	165 (ronn 99	u, Fait IV, I	1116 9, 01	
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount	12			liany for cont	ributio	ne or other as	eate no	t included	1		
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Amount	Ia									Voc	No
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c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217 bit f 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 990, Part IV, line 10. 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 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 96 The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Ave 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 (iii) related organizations 1a Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land b Buildings c Leasehold improvements 1 d 1 d	D	ii res, explain the arrangement in Part Alli	and complete the to	llowing table						Amount	
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Part V Endowment Funds. Complete if the explanation has been provided in Part XIII		Did the examination include an amount on F	orm 000 Dort V line	010					 	Vac	No
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Comparison Co											
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years											
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and programs 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 ▶	u										
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Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶											
a Board designated or quasi-endowment ▶				- /line 1							
b Permanent endowment			•		numm (a)) rieid as.					
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: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations 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. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 125,289, 115,768, 9,521.											
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b If "Yes" to 3a(ii), are the related organizations 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. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 125,289. 115,768. 9,521.										· ` `	
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 c Leasehold improvements d Equipment 125,289. 115,768. 9,521.		(ii) related organizations									
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) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 125,289 115,768 9,521										30	
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1a Land b Buildings c Leasehold improvements d Equipment 125,289. 115,768. 9,521.		Description of property	1 ' '	,	-					(u) DOOK	value
b Buildings		Land	<u> </u>	,	24010	(30.131)		.p. 50141101			
c Leasehold improvements 125,289. 115,768. 9,521. d Equipment 543,006. 100,000. 434,406.											
d Equipment 125,289. 115,768. 9,521.				- 					- -		
F42 006 100 000 424 406				- 	1 2	25 289		115 7	68.	-	521
				- 							
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)		Other Add lines 1a through 1a (Column (d) must e		X column (F							

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 V-DAY			94-3389430	Page
Part VII Investments - Other Securities.				
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		raluation: Cost or end-of-year market va	alue
(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		raluation: Cost or end-of-year market va	alue
(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	
	Description	, iiiic 11d. 0001 0111 000,	(b) Book val	IIE
(1)	2000		(2, 233	
(1)				
(3)				
<u>(4)</u>				
(5)				
<u>(6)</u>				
<u>(7)</u>				
(8)				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	0.15.)			
Part X Other Liabilities.	e 13.)			
	to Forms 000 Dort IV	/ line 11 - au 11f Caa Faus	- 000 Post V line 05	
Complete if the organization answered "Yes" (a) Description of liability	to Form 990, Part IV	(b) Book value	1 990, Part X, line 25.	
-		(b) DOOK Value		
(1) Federal income taxes (2) GRANTS PAYABLE		118,333.		
(-)		110,333.		
(3)				
(4)				
(5)				
(6)				
(8)				
(9)		110 222		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) ►	118,333.		

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 X

Schedule D (Form 990) 2013

Pa	rt XI Reconciliation of Revenue per Audited Financial S	Statements With Revenu	e per Return	•
	Complete if the organization answered "Yes" to Form 990, Part IV	, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	7,442,907.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	7,442,907.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	7,442,907.
Pa	rt XII Reconciliation of Expenses per Audited Financial	Statements With Expens	ses per Retur	'n.
	Complete if the organization answered "Yes" to Form 990, Part IV	, line 12a.		
1	Total expenses and losses per audited financial statements		1	6,168,401.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	·	2e	0.
3	Subtract line 2e from line 1		3	6,168,401.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			6,168,401.
Pa	rt XIII Supplemental Information.			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part IV, lines 1b and 2b; Pa	art V, line 4; Part)	۲, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	e any additional information.		
PAI	RT X, LINE 2:			
EX.	PLANATION: MANAGEMENT HAS EVALUATED A	LL INCOME TAX PO	SITIONS A	ND
COI	NCLUDED THAT NO DISCLOSURES RELATING	TO UNCERTAIN TAX	POSITION	IS ARE
RE	QUIRED IN THE FINANCIAL STATEMENTS.			

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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. ➤ See separate instructions.

Open to Public

94-3389430

Inspection

OMB No. 1545-0047

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

V-DAY

Employer identification number

		ctivities Ou	tside the United States. Compl	ete if the organization answered "`	Yes" on
Form 990, Part I\ 1 For grantmakers. Does		n maintain recor	ds to substantiate the amount of its gr	ants and other assistance	
			the selection criteria used to award the		Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and other assistance out	side the
United States.		· ·			
3 Activities per Region. (T	he following Parl	I, line 3 table c	an be duplicated if additional space is	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
CONGO	1	6	PROGRAM SERVICES	CITY OF JOY AND V-WORLD	1,665,295.
	_		220022		2,000,250.
PHILLIPHINES	1	1	PROGRAM SERVICES	OBR INTERNATIONAL	66,667.
					,
AFGHANISTAN	1	1	PROGRAM SERVICES	SAFE HOUSE PROGRAM	98,333.
					, , , , , , , , , , , , , , , , , , , ,
SOUTH AFRICA	1	1	PROGRAM SERVICES	EMOTIONAL CREATURES	120,000.
	_		I ROOM DERVIOUS		120,000.
				AGNES SAFE HOUSE -	
AFRICA	1	1	PROGRAM SERVICES	TASARU	100,000.
	_				0.050.005
3 a Sub-total	5	10			2,050,295.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	5	10			2,050,295.

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

Schedule F (Form 990) 2013

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)
		HAITI	GENERAL PURPOSE	20,000.	WIRE	0.		
		INDIA	general purpose	5,000.	WIRE	0.		
		MEXICO	GENERAL PURPOSE	10,000.	WIRE	0.		
		AFGHANISTAN	GENERAL PURPOSE	25,000.	WIRE	0.		
		1		10.000				
		AFGHANISTAN	GENERAL PURPOSE	10,000.	WIRE	0.		
		PHILIPPINES	GENERAL PURPOSE	5,000.	WIRE	0.		
				3,000.				
		AFGHANISTAN	GENERAL PURPOSE	12,000.	WIRE	0.		
		AFGHANISTAN	GENERAL PURPOSE	10,000.	WIRE	0.		
			recognized as charities by the n 501(c)(3) equivalency letter	foreign country,	, recognized as tax-e	xempt by		

Page 2

Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ugo z
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)
		PHILIPPINES	GENERAL PURPOSE	146,654.	WIRE	0.		
		INDIA	GENERAL PURPOSE	22,000.	WIRE	0.		
		HAITI	GENERAL PURPOSE	12,000.	WIRE	0.		
		HAITI	GENERAL PURPOSE	30,000.	WIRE	0.		
		CONGO	GENERAL PURPOSE	5,000.	WIRE	0.		
		CONGO	GENERAL PURPOSE	10,000.	WIRE	0.		
		CONGO	GENERAL PURPOSE	5,000.	WIRE	0.		
		HAITI	GENERAL PURPOSE	60,000.	WIRE	0.		
		HAITI	GENERAL PURPOSE	7,500.	WIRE	0.		

Dort II					(2 + + + 5 / 5 / 5			ray c z
•	tion of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	. (Schedule F (Form 9			
1 (a) Name of organiz	ation (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)
		ITIAH	GENERAL PURPOSE	20,000.	WIRE	0.		
		HAITI	GENERAL PURPOSE	27,500.	WIRE	0.		
		AFGHANISTAN	GENERAL PURPOSE	8,000.	WIRE	0.		
		HAITI	GENERAL PURPOSE	10,000.	WIRE	0.		
		AFGHANISTAN	general purpose	10,000.	WIRE	0.		
		MEXICO	GENERAL PURPOSE	20,000.	WIRE	0.		
		AFRICA	GENERAL PURPOSE	12,000.	WIRE	0.		
		CONGO	GENERAL PURPOSE	8,000.	WIRE	0.		
		AFGHANISTAN	GENERAL PURPOSE	5,000.	WIRE	0.		

Dort II C .: .:	· · · · · · · · · · · · · · · · · · ·				(0		43	ray e z
1	(b) IRS code section		tions or Entities Outside the	(e) Amount	(Schedule F (Form 9) (f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant		cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
				5 000				
		AFGHANISTAN	GENERAL PURPOSE	5,000.	MIKE	0.		
		HAITI	GENERAL PURPOSE	5,000.	WIRE	0.		
		INDIA	GENERAL PURPOSE	20,000.	WIRE	0.		
		SYRIA	GENERAL PURPOSE	20,000.	WIDE	0.		
		SIKIA	GENERAL FORFOSE	20,000.	WIRE	0.		
		SYRIA	GENERAL PURPOSE	10,000.	WIRE	0.		
		AFRICA	GENERAL PURPOSE	15,000.	WIRE	0.		
		AFRICA	GENERAL PURPOSE	15,333.	WIRE	0.		
				25,555				
		AFRICA	GENERAL PURPOSE	6,000.	WIRE	0.		
		AFRICA	GENERAL PURPOSE	6,000.	WIRE	0.		

Schedule F (Form 990)	V DAI				94-33	0 2 2 0		Page 2
Part II Continuation	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	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)
		AFRICA	GENERAL PURPOSE	6,000.	WIRE	0.		
		AFRICA	GENERAL PURPOSE	15,333.	WIRE	0.		
		AFRICA	GENERAL PURPOSE	6,000.	WIRE	0.		
		AFRICA	GENERAL PURPOSE	6,000.	WIRE	0.		
		AFRICA	GENERAL PURPOSE	6,058.	WIRE	0.		
		AFRICA	GENERAL PURPOSE	6,000.	WIRE	0.		
		NEDIGI		15 222				
		AFRICA	GENERAL PURPOSE	15,333.	MTKE	0.		
		AFRICA	GENERAL PURPOSE	6,000.	WIRE	0.		
		AFRICA	GENERAL PURPOSE	6,000.	WIRE	0.		

Scriedule i (i oii		, Diii				<u> </u>			Faye 2
Part II Con	tinuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	. (Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of or		(b) IRS code section and EIN (if applicable)	(a) Danian	(d) Purpose of grant	(e) Amount	(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)
			AFRICA	GENERAL PURPOSE	60,800.	WIRE	0.		
			AFRICA	GENERAL PURPOSE	33,333.	WIRE	0.		

Part III Grants and Other Assistance Part III can be duplicated if a			ates. Complete i	f the organization answered "Yes	" on Form 990, Part	IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							(-

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the 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)	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? 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)	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)	Yes	X No

Schedule F (Form 990) 2013

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2013)

V-DAY							94-3389430
Part I General Information on Grants a	nd Assistance					•	
Does the organization maintain records to	o substantiate the	amount of the grants	s or assistance, the	grantees' eligibilit	ty for the grants or as	sistance, and the selec	tion
criteria used to award the grants or assis	stance?						No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	t funds in the United	d States.			
Part II Grants and Other Assistance to	Governments and	l Organizations in th	e United States. C	complete if the org	anization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than	5,000. Part II can	be duplicated if addi	tional space is need	ded.	(f) Mathada a	1	
(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
A CALL TO MEN							
250 MERRICK ROAD #813							
ROCKVILLE CENTRE, NY 11570	94-3153687		15,000.	0.			GENERAL GRANT
A CALL TO MEN 250 MERRICK ROAD #813	04 0450605		10.000				
ROCKVILLE CENTRE, NY 11570	94-3153687		10,000.	0.			GENERAL GRANT
A NEW WAY OF LIFE REENTRY PROJECT PO BOX 875288	95- 4 782503		1,500.	0.			GENERAL GRANT
LOS ANGELES, CA 90087	95-4762503		1,500.	0.			GENERAL GRANT
A NEW WAY OF LIFE REENTRY PROJECT PO BOX 875288	05 4500503		15.000				
LOS ANGELES, CA 90087	95-4782503		15,000.	0.			GENERAL GRANT
AFGHAN WOMEN'S MISSION 23532 CALABASAS ROAD, SUITE A			2 625	0			GENTERAL GRAVE
CALABASAS, CA 91302			2,635.	0.			GENERAL GRANT
AFRICAN AMERICAN POLICY FORUM, INC 435 WEST 116TH STREET, RM. 827							
NEW YORK, NY 10027	06-1597874		10,000.	0.			GENERAL GRANT
2 Enter total number of section 501(c)(3) a	-	-					
3 Enter total number of other organizations	s listed in the line 1	table)

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

Part II Continuation of Grants and Other	Assistance to Go	verninents and Orga		inted States (SCI)	l	T	
(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
NNE-CHRISTINE D'ADESKY	267-25-7522		10,000.	0.			GENERAL GRANT
APNE AAP INTERNATIONAL							
PECK SLIP STATION, PO BOX 916	1						
NEW YORK, NY 10272	13-4199270		20,000.	0.			GENERAL GRANT
ASHA CANALOS	063-68-9504		5,000.	0.			GENERAL GRANT
ASHA CANALOS	003-08-9304		3,000.	0.			GENERAL GRANI
BARD COLLEGE							
0 CAMPUS RD							
ANNANDALE-ON-HUDSON, NY 12504	14-1713034		3,000.	0.			GENERAL GRANT
BLACK WOMEN'S BLUEPRINT							
P.O. BOX 24713							
BROOKLYN, NY 11202	271308862		10,000.	0.			GENERAL GRANT
CADVA							
PO BOX 357							
HOWEY IN HLS, FL 34737	454212841		5,000.	0.			GENERAL GRANT
CADVA	454212841		1,000.	0.			GENERAL GRANT
FEMINIST.COM FOUINDATION			7,500.	0.			GENERAL GRANT
FILIPINA WOMEN'S NETWORK			100.	0.			GENERAL GRANT

Part II Continuation of Grants and Other	r Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	- COOP-CO Tag
(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
FILIPINA WOMEN'S NETWORK			71.	0.			GENERAL GRANT
OUR BRIDGES TRAVELING							
PERMACULTURE			500.	0.			GENERAL GRANT
FRACTURED ATLAS	11-3451703		2,000.	0.			GENERAL GRANT
			,				
FRACTURED ATLAS	11-3451703		1,450.	0.			GENERAL GRANT
FROM LIFE TO LIFE			5,000.	0.			GENERAL GRANT
GAMCOTRAP			33,333.	0.			GENERAL GRANT
HONOR THE EARTH			5,000.	0.			GENERAL GRANT
ABOR COMMUNITY STRATEGY CENTER			10,000.	0.			GENERAL GRANT
MADRE, INC.	13-3280194		10,000.	0.			GENERAL GRANT

Part II Continuation of Grants and Other	Assistance to Gov	ernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt 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
MAYSLES INSTITUTE	20-2545574		5,000.	0.			GENERAL GRANT
ATIVE AMERICAN COMMUNITY BOARD			5,000.	0.			GENERAL GRANT
NEW ORLEANS FAMILY JUSTICE CENTER			6,900.	0.			GENERAL GRANT
NORTHERN NEW MEXICO COLLEGE	85-6000545		900.	0.			GENERAL GRANT
DLYWAFRIEND			1,000.	0.			GENERAL GRANT
PAULA ALLEN (OFEDA)	371-46-1432		1,145.	0.			GENERAL GRANT
PEACE OVER VIOLENCE-			1,000.	0.			GENERAL GRANT
PLANNED PARENTHOOD GULF COAST	74-1100163		5,000.	0.			GENERAL GRANT
POLARIS INSTITUTE			20,473.	0.			GENERAL GRANT

Part II Continuation of Grants and Other	er Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	Т
(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
ACRED SPIRITS			20,000.	0.			GENERAL GRANT
NITED NATIONAL ANITWAR			1,000.	0.			GENERAL GRANT
OMEN MAKE MOVIES			60.	0.			GENERAL GRANT
OMEN TERMS HOVED			30.	<u> </u>			
EORGES MALAIKA FOUNDATION	26-0670177		2,000.	0.			GENERAL GRANT
-DAY SAFE HOUSE PROGRAM			85,000.	0.			GENERAL GRANT

94-3389430 V-DAY Schedule I (Form 990) (2013) Page 2 Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (b) Number of (a) Type of grant or assistance (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of non-cash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance EDUCATIONAL GRANT - HARVARD UNIVERSITY 1,750. 0. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. PART I, LINE 2: EXPLANATION: 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 J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number V-DAY 94-3389430 Part I Questions Regarding Compensation

	<u> </u>		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
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 related organization:			
	Receive a severance payment or change-of-control payment?	4a		_ <u>x</u> _
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:	E		Х
	The organization?	5a 5b		<u>X</u>
D	Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	30		-22
6	·			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
_	The organization?	6a		Х
		6b		X
D	Any related organization? If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013 V-DAY 94-3389430 Page 2

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 reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficilits	(B)(i)-(D)	in prior Form 990
(1) SUSAN CELIA SWAN	(i)	190,624.	0.	0.	0.	1,428.	192,052.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.		0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2013	V-DAY	94-3389430	Page 3
Part III Supplemental Informa	tion		
Provide the information, explanati	on, 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	on.

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Employer identification number

1 2 3 4 5 6 7 8 9	Art - Works of art Art - Historical treasures Art - Fractional interests	(a) Check if applicable		(c) Noncash contribution amounts reported on	(d) Method of de	eterminir	ng	
2 3 4 5 6 7 8	Art - Historical treasures	Check if	Number of contributions or	Noncash contribution	Method of de	eterminir	ng	
2 3 4 5 6 7 8	Art - Historical treasures			Form 990, Part VIII, line 1g	noncash contribu	ution am	ounts	S
3 4 5 6 7 8	Art - Historical treasures			, , , , ,				
4 5 6 7 8								
5 6 7 8								
6 7 8	Books and publications							
7 8	Clothing and household goods							
8	Cars and other vehicles							
	Boats and planes							
9	Intellectual property							
-	Securities - Publicly traded	X	2	517,284.	FAIR MARKET	' VAL	υE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive b	-						
	at least three years from the date of the initial							37
	the entire holding period?					30a		<u>X</u>
	If "Yes," describe the arrangement in Part II.							37
31	Does the organization have a gift acceptance				utions?	31		<u> </u>
32a	Does the organization hire or use third parties	or related or	rganizations to soli	icit, process, or sell noncash				v
						32a		<u>X</u>
	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of prope	πy τοr which column (a) is ch	ескеа,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2013)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

V-DAY

Employer identification number 94-3389430

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

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

AND V-GIRLS.

EXPENSES \$ 971,384. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

EXPLANATION: 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:

EXPLANATION: 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:

EXPLANATION: EXECUTIVE DIRECTOR, OFFICERS AND KEY EMPLOYEES COMPENSATION IS

REVIEWED AND APPROVED BY THE BOARD MANAGEMENT COMMITTEE.

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

EXPLANATION: AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 2C

EXPLANATION: THE PROCESS FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL

STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED

FROM THE PRIOR YEAR.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization V-DAY	Employer identification number $94-3389430$
	1

TAXABLE YEAR

California Exempt Organization Annual Information Return

328941 11-14-13 FORM

2013

199

Calandar Vaar	2013 or fiscal year beginning (mm/dd/yyyy) 07/01/	2013	and ending (mm	/dd/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	067	30/2014
	2013 or fiscal year beginning (mm/dd/yyyy) 07/01/ ganization Name	2013	and enally (IIIII)	California corpo		
Corporation/Or	janization Name			Camornia corpo	Jiadon nun	ibei
77 D 7 37				2332	177	
V-DAY	room, or PMB no.)			FEIN	4//	
, ,	•			1	2004	2.0
	4TH STREET, NO. 4515	ate ZIP Code		94-3	3894	30
City		I				
		A 941				
A First Retu			nder R&TC Section			
	Information Return • Yes X N	_	year: (1) participa			• .
	on 4947(a)(1) trust Yes 🗶 N	\ /	npted to influence	-	-	
	rmation Return?	` '	e an election unde			
	Dissolved • Surrendered (Withdrawn)		lobbying by publi			• Yes X No
	Merged/Reorganized Enter date: (mm/dd/yyyy)		mplete and attach			
_	counting method:					1g? ● Yes X No
(1)	• • • • • • • • • • • • • • • • • • • •	If "Yes," en	er the gross recei	pts from nonme	mber	
	eturn filed?					
. ,	990T (2) ● 990 PF (3) ● Sch H (990)	-	ion is exempt und	ler R&TC Section	n 23701d	and is
G Is this a g	roup filing for the subordinates/affiliates? $\dots ullet$ Yes $X ullet$ N	exclusively	religious, educati	onal, or charitab	le, and is	
	ttach a roster. See instructions		primarily (50% or	,		· —
H Is this or	ganization in a group exemption?		No filing fee is red			
If "Yes," w	hat is the parent's name?	M Is the orga	nization a Limited	Liability Compar	ny?	● Yes X No
			anization file Forn			
I Did the o	ganization have any changes in its activities, governing					• Yes X No
	nt, articles of incorporation, or bylaws that have		nization under aud			
not been	reported to the Franchise Tax Board? • 🔲 Yes 🗶 N	IRS audited	d in a prior year?			• Yes X No
	xplain, and attach copies of revised documents.					
Part I	omplete Part I unless not required to file this form. See General I					
	1 Gross sales or receipts from other sources. From Side 2, Part	II, line 8			1	25,106.00
					2	00
	3 Gross contributions, gifts, grants, and similar amounts receiv	ed	S	TMT 1 •	3	7,417,801.00
Receipts	4 Total gross receipts for filing requirement test. Add line 1 thro	ugh line 3.				
and	This line must be completed. If the result is less than \$50,00	10, see Genera <u>l In</u>	struction B	•	4	7,442,907.00
Revenues	5 Cost of goods sold	●	5	00		
	6 Cost or other basis, and sales expenses of assets sold	●	6	00		
	7 Total costs. Add line 5 and line 6				7	00
	8 Total gross income. Subtract line 7 from line 4			•	8	7,442,907.00
Evnanasa	9 Total expenses and disbursements. From Side 2, Part II, line	18		•	9	6,168,403.00
Expenses	10 Excess of receipts over expenses and disbursements. Subtraction				10	1,274,504.00
	11 Filing fee \$10 or \$25. See General Instruction F				11	10.00
Eilina	12 Total payments				12	00
Filing					13	00
Fee	14 Use tax. See General Instruction K			•	14	00
	15 Balance due. Add line 11, line 13, and line 14. Then subtract				15	10.00
	Under penalties of perjury, I declare that I have examined this return, including it is true, correct, and complete. Declaration of preparer (other than taxpayer) is	accompanying sche	dules and statements	s, and to the best of	f my knowl	edge and belief,
Sign		Title		Date		Telephone
Here	Signature of officer	EXECUT:	IVE DIRE			
		Date		Check if	•	PTIN
	Preparer's signature			self-employed	- P	00541714
Paid	Firm's name				•	FEIN
Preparer's	(or yours, if self-					3-1655065
Use Only	employed) 300 EAST 42ND STREET				•	Telephone
	and address NEW YORK, NY 10017				2	12-697-2299
	May the FTB discuss this return with the preparer shown above? So	ee instructions		• X	Yes	No

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	business activities. See instruct	ions	•	1	00
	2	Interest			•	2	2,673.00
	3	Dividends				3	00
Receipts	4	Gross rents			•	4	00
from	5	Gross royalties			•	5	00
Other	6	Gross amount received from sal	e of assets (See Instructions)		·····•	6	00
Sources	7	Other income		SEE STA	TEMENT 2 •	7	22,433.00
	8	Total gross sales or receipts fro				8	25,106.00
	9	Contributions, gifts, grants, and	similar amounts paid	STA	TEMENT 3 ●	9	1,124,161.00
	10	Disbursements to or for membe	rs		•	10	00
	11	Compensation of officers, direct				11	458,017.00
_	12	Other salaries and wages				12	780,528.00
Expenses		Interest				13	00
and	14	Taxes				14	82,503.00
Disburse-	I	Rents			•	15	15,901.00
ments	16	Depreciation and depletion (See	INSTRUCTIONS)	CEE CMA		16 17	72,458. ₀₀ 3,634,835. ₀₀
	17	Other Expenses and Disburseme	orto Add line O through line 17	DEE DIA	TEMENT 3		6,168,403.00
Sched		Total expenses and disburseme Balance Sheets	Beginning of t			18 of tax	able year
Assets	uie L	, Dalance onects	(a)	(b)	(c)	1	(d)
1 Cash			(α)	4,032,883.	(0)		• 4,539,905.
		s receivable		4,032,003			• +,555,565.
		ceivable STMT 6					• 160,000.
							• 200,0000
5 Feder	al and	state government obligations					•
		in other bonds					•
		in stock					•
8 Morte							•
		ments					•
10 a De	preciat	ole assets	325,605.		668,51	5.	
		ımulated depreciation	(152,130.)	173,475.			443,927.
11 Land							•
12 Other	assets	STMT 7		3,563,050.			• 3,999,767.
				7,769,408.			9,143,599.
Liabilities	and n	et worth					
14 Acco	unts pa	yable		92,789.			• 74,141.
		s, gifts, or grants payable					•
		notes payable					•
17 Mort	gages p	payable					440.000
		es STMT 8					118,333.
		c or principle fund					•
		ital surplus. Attach reconciliation		7 676 610			0.051.105
		rnings or income fund		7,676,619.			• 8,951,125.
		es and net worth	1 1 11 1	7,769,408.			9,143,599.
Sched	uie N		per books with income per ret dule if the amount on Schedule		s than \$50,000.		
1 Net in	come	per books	• 1,274,50	14. 7 Income recorded	on books this year		
		me tax		not included in th			•
		pital losses over capital gains		8 Deductions in this			
		recorded on books this year		against book inco	ome this year		•
5 Expe	nses re	corded on books this year not		9 Total. Add line 7	and line 8		
dedu	cted in	this return	•	10 Net income per re	eturn.		
6 Total.	Add li	ne 1 through line 5		Subtract line 9 fro	om line 6		1,274,504.

FORM 199 CASI	H CONTRIBUTIONS OF \$5000 OR MORE INCLUDED ON PART I, LINE 3	ST	'ATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
NOVO FOUNDATION	535 5TH AVE # 33 NEW YORK, NY 10017	07/01/13	2,000,000.
MARY CUNNINGHAM	5901 46TH AVE SW SEATTLE, WA 98136	11/21/13	1,000,000.
11TH HOUR PROJECT	555 BRYANT STREET #370 PALO ALTO, CA 94301	09/30/13	750,000.
CARLO & MICOL SCHEJOLA FOUNDATION	501 SILVERSIDE ROAD #123 WILMINGTON, DE 19809	10/18/13	260,000.
PHOEBE SNOW FOUNDATION	591 REDWOOD HIGHWAY #3215 MILL VALLEY, CA 94941	03/10/14	250,000.
EMILY & DAVID POTTRUCK	2288 BROADWAY ST #6 SAN FRANCISCO, CA 94115	02/10/14	200,000.
FORD FOUNDATION	320 E 43RD STREET 10TH FLLOR NEW YORK, NY 10017	10/16/13	200,000.
TOTAL INCLUDED ON LINE 3			4,660,000.
FORM 199	OTHER INCOME	SI	'ATEMENT 2
DESCRIPTION			AMOUNT
OTHER WORLD WIDE CAMPAIGN PROGRAM COLLEGE CAMPAIGN PROGRAM			22,433.
TOTAL TO FORM 199, PART		22,433.	

V-DAY			94-3389430
FORM 199	CASH CONTRIBUTIONS, AND SIMILAR AMO		STATEMENT 3
ACTIVITY CLASSIFIC	CATION: GENERAL GRANT		
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ANNE-CHRISTINE D'ADESKY	HAITI -	NONE	20,000.
	TOTAL FOR THIS A	CTIVITY	20,000.
TOTAL INCLUDED ON	FORM 199, PART II, L	INE 9	20,000.
FORM 199 COMPE	ENSATION OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 4
NAME AND ADDRESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
SUSAN CELIA SWAN 4104 24TH STREET, SAN FRANCISCO, CA		EXECUTIVE DIRECTOR 40.00	201,428.
EVE ENSLER 4104 24TH STREET, SAN FRANCISCO, CA		FOUNDER/ARTISTIC DIRECTOR 2.00	0.
AMY RAO 4104 24TH STREET, SAN FRANCISCO, CA		DIRECTOR 2.00	0.
KIMBERLE W. CRENSH 4104 24TH STREET, SAN FRANCISCO, CA	NO. 4515	DIRECTOR 2.00	0.
CARI ROSS		DIRECTOR	0.

DIRECTOR 2.00

CAROLE BLACK

4104 24TH STREET, NO. 4515 SAN FRANCISCO, CA 94114 0.

V-DAY		94-3389430
CHARLIZE THERON 4104 24TH STREET, NO. 4515 SAN FRANCISCO, CA 94114	DIRECTOR 2.00	0.
WENDY SCHMIDT 4104 24TH STREET, NO. 4515 SAN FRANCISCO, CA 94114	DIRECTOR 2.00	0.
EMILY SCOTT POTTRUCK 4104 24TH STREET, NO. 4515 SAN FRANCISCO, CA 94114	DIRECTOR 2.00	0.
JANE FONDA 4104 24TH STREET, NO. 4515 SAN FRANCISCO, CA 94114	DIRECTOR 2.00	0.
JENNIFER BUFFET 4104 24TH STREET, NO. 4515 SAN FRANCISCO, CA 94114	DIRECTOR 2.00	0.
KATHERINE MCFATE 4104 24TH STREET, NO. 4515 SAN FRANCISCO, CA 94114	DIRECTOR 2.00	0.
KERRY WASHINGTON 4104 24TH STREET, NO. 4515 SAN FRANCISCO, CA 94114	DIRECTOR 2.00	0.
REGINA K. SCULLY 4104 24TH STREET, NO. 4515 SAN FRANCISCO, CA 94114	DIRECTOR 2.00	0.
LISA SCHEJOLA AKIN 4104 24TH STREET, NO. 4515 SAN FRANCISCO, CA 94114	DIRECTOR 2.00	0.
MELLODY HOBSON 4104 24TH STREET, NO. 4515 SAN FRANCISCO, CA 94114	DIRECTOR 2.00	0.
PAT MITCHELL 4104 24TH STREET, NO. 4515 SAN FRANCISCO, CA 94114	DIRECTOR 2.00	0.
ROSARIO DAWSON 4104 24TH STREET, NO. 4515 SAN FRANCISCO, CA 94114	DIRECTOR 2.00	0.
SHERYL SANDBERG 4104 24TH STREET, NO. 4515 SAN FRANCISCO, 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.
BETH DOZORETZ (RESIGNED ON 7/22/2013) 4104 24TH STREET, NO. 4515 SAN FRANCISCO, CA 94114	DIRECTOR 2.00	0.
DONNA KARAN (RESIGNED ON 10/1/2013) 4104 24TH STREET, NO. 4515 SAN FRANCISCO, CA 94114	DIRECTOR 2.00	0.
CECILE LIPWORTH 4104 24TH STREET, NO. 4515 SAN FRANCISCO, CA 94114	MANAGING DIRECTOR 40.00	136,456.
TONY MONTENIERI 4104 24TH STREET, NO. 4515 SAN FRANCISCO, CA 94114	OPERATIONS DIRECTOR 40.00	120,133.
TOTAL TO FORM 199, PART II, LINE 11		458,017.
FORM 199 OTHER	EXPENSES	STATEMENT 5
DESCRIPTION		AMOUNT
PRODUCTION EXPENSE CITY OF JOY PROGRAM EXP PANZI HOSPITAL FILM AND VIDEO OTHER EMPLOYEE BENEFITS LEGAL FEES ACCOUNTING FEES OTHER PROFESSIONAL FEES OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL CONFERENCES AND CONVENTIONS INSURANCE ALL OTHER EXPENSES		467,770. 449,145. 439,988. 265,865. 98,645. 50,835. 21,000. 531,059. 150,247. 148,764. 476,516. 1,149. 20,986. 512,866.

TOTAL TO FORM 199, PART II, LINE 17

3,634,835.

FORM 199 NET NOTES RECEIVABL	.E 	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	0.	160,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	0.	160,000.
FORM 199 OTHER ASSETS		STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES	3,535,372. 27,678.	3,961,588. 38,179.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	3,563,050.	3,999,767.
FORM 199 OTHER LIABILITIE	es	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
GRANTS PAYABLE	0.	118,333.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	0.	118,333.
FORM 199 FUND BALANCES		STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	3,195,572.	3,097,533.
TEMPORARILY RESTRICTED ASSETS	4,481,047.	5,853,592.

TAXABLE YEAR

Corporation Depreciation and Amortization



Part I Election To Expense Certain Property Under IRC Section 179 to California \$25,000	2010	•				100						000
V—DAY Part I Excition To Expanse Cartain Property Under IRC Section 179 Maximum deduction under IRC Section 179 for California 1		100W.			FORM	199			F'E			
Part I. Election To Expense Certain Property Under IRC Section 179 I Maximum debution under IRC Section 179 for California 2 Total cost of IRC Section 179 property placed in service 3 Threshold cost of IRC Section 179 property placed in service 3 Threshold cost of IRC Section 179 property before reduction in limitation 4 Healuction in initiation. Submact line of form line 2, 12 zero or lass, enter -0- 5 Dollar initiation for taxable years. Subtract line 4 from line 1, 12 zero or lass, enter -0- 6 (a) Description of property 6 (b) Cost (business use only) (c) Elected cost 6 (a) Description of 179 croperty. (b) Cost (business use only) (c) Elected cost 7 Listed property (elected IRC Section 179 cost) 6 (a) Description of IRC Section 179 cost) 7 Listed property (elected IRC Section 179 cost) 7 Listed property (elected IRC Section 179 cost) 8 Total elected cost IRC Section 179 cost) 9 Total elected cost IRC Section 179 cost line 5 or line 6 9 Tentative deduction. First resistance in the section of the Section 179 cost line 5 or line 5 10 Carryveer of disablewed deduction from prior taxable years 10 Carryveer of disablewed deduction from prior taxable years 11 Listed section 2018 (b) Elected cost 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 13 India district of the section of Additional First Year Expense Deduction Under RATC Section 24365 14 Description property (c) Date acquired (mm/dd/yyy) or other basis and line 12 and line 12 column (h) may not exceed \$2,000. SEE STATEMENT 10 668, 515. 224, 588. 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. Total deference inclined for description smaller of IRC Section 243556, add them mounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the animal	OUTPUTATION HAITIE									Callion	illa curpurati	on number
1 Maximum deduction under IRC Section 179 for California 2 Total cost of IRC Section 179 reportly placed in service 2 3 Threshold cost of IRC Section 179 reportly placed in service 3 3 \$200,000 4 Reduction in limitation. Subtract line 3 from line 2.1 zero or less, enter 40- 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	V-DAY										233247	7
2 Total cast of IRC Section 179 property before reduction in limitation . 3 \$ \$200,000 4 Reduction in limitation. Subtract line 3 from line 2.1 zaro or less, enter -0- 5 Dollar limitation for taxable year. Subtract line 4 from line 1.1 zero or less, enter -0- 6 (a) Description of property (b) Cost (business use only) 7 Total elected GRC Section 179 cost) 8 Total elected GRC Section 179 cost) 9 Total Section 179 cost) 10 Carryover of Gallowed deduction on prior taxable years 10 Carryover of Gallowed deduction on prior taxable years 11 Business income limitation. Enter the smaller of line 5 or line 8 12 RC Section 179 expense deduction. Add line 9 and line 10, lost line 12 13 Total elected GRC Section 179 cost) 14 Description property 15 Cost Section 179 expenses deduction. Add line 9 and line 10, lost line 12 16 Description property 17 Description property 18 Line 17 is section 179 expenses and line 17 column (not lost enter trans than line 11 column (not enter trans than line 11 c	Part I Election To Expense	Certain Prop	erty Under IRC S	ection 179								
3 Trenchold cost of IRC Section 179 gropenty before reduction in imitation	1 Maximum deduction unde	r IRC Section	n 179 for Californ	ia						. 1		\$25,000
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22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W,	21 Total amortization claimed	l for federal p	ourposes from fed	leral Form 456	62, line 44					21		
	22 Amortization adjustment.	If line 21 is g	reater than line 20), enter the di	fference here ar	nd on Form 10	0 or Form 100	OW,				

CA 38	85		DEPRE	DEPRECIATION				MENT 10
ASSET DESCR	NO./ IPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1	FURNITURE,	FIXTURES	AND EQUIPMENT					
		VARIOUS	125,289.	115,768.	VAR	5.00	6,841.	
2	WEBSITE							
		VARIOUS	173,845.	88,008.	VAR	3.00	51,741.	
3	AUTOMOBILE							
		VARIOUS	69,381.	20,812.	VAR	5.00	13,876.	
4	CONSTRUCTIO	ON IN PROG	RESS, WAREHOU	SE - VWOR	LD FARM			
		VARIOUS	300,000.			.000	0.	
TOTAL	DEPR TO FOR	RM 3885	668,515.	224,588.			72,458.	

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	Chec	Check if:						
	X	X Change of address						
V-DAY		Amended report						
Name of Organization 4104 24TH STREET, NO. 4515 Address (Number and Street)	Corpo	orate or Organization No	2332477					
SAN FRANCISCO, CA 94114 City or Town, State and ZIP Code	Feder	al Employer I.D. No.	94-3389430					
ANNUAL REGISTRATION RENEV	 WAL FEE SCHEDULE (11 Cal. Code yable to Attorney General's Registry		7, 311 and 312)					
	oss Annual Revenue Fee	1	evenue	Fee	 <u>e</u>			
The state of the s					\$150 \$225 \$300			
PART A - ACTIVITIES								
For your most recent full accounting period Gross annual revenue $\$$ 7 , 442		ending $06/30/2$ $9,143,599$.	2014_) list:					
PART B - STATEMENTS REGARDING ORGANIZA	ATION DURING THE PERIOD OF THIS	S REPORT						
Note: If you answer "yes" to any of the question and details for each "yes" response. Pleas			cplanation					
		<u> </u>	the organization	Yes	No			
	1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization 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.								
6. 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 $415-$	-317-2067							
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.								
	CELIA SWAN	EXECUTIVE I						
Signature of authorized officer Printed Name		Title	Date		-			

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271

2013

Open to Public Inspection

1	General	Information
	. General	IIIIOIIIIauoii

For Fiscal Year Beginning	(mm/dd/yyy	y) 07/01/	2013	and Ending (nm/dd/yy	yy) 06/30/:	2014	
Check if Applicable: X Address Change	Name of Org							ntification Number (EIN): 389430
Name Change Initial Filing	Mailing Addr	ess: 24TH STR	EET			4515	NY Registration 20-14-0	
Final Filing Amended Filing	City / State / ZIP: Telephone: 212 924-1229						1-1229	
Reg ID Pending	Website:	DAY.ORG	, 011	7111			Email:	
L Check your organization's	·			37	Г		I Find your registrati	on category in the
registration category:	7A on	nly L EPTL	only	X DUAL (7A &	EPTL) L	EXEMPT (Charities Registry a	t <u>www.CharitiesNYS.com</u>
2. Certification								
See instructions for certifi	cation require	ements. Imprope	r certifica	ation is a violation	of law tha	t may be subject	to penalties.	
We certify under p they are				is report, including ance with the laws				
President or Authorized	Officer:	SUSAN C	ELIA	SWAN			CUTIVE ECTOR	
		Signature				Tit	le	Date
Chief Financial Officer or	Treasurer:							
		Signature				Tit	le	Date
3. Annual Reporting	Exemption	on						
Check the exemption(s)	that apply to	your filing. If you	r organiz	ation is claiming a	n exempti	on under the cat	egory (7A and El	PTL only filers) or both
categories (DUAL filers) t								
additional attachments a	•	•	m an exe	emption or are a D	UAL filer t	hat claims only o	ne exemption, y	ou must file applicable
schedules and attachme	nts and pay a	applicable fees.						
0 - 74 60		T-1-11-1111-		ND/ Otata in absolin				-1
				NY State including gage a profession	•		•	
		-	_	ization qualifies fo			-	(Tro) to solicit
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	ttachment	ts						
See the following page								
for a checklist of	Yes X	No 4a. Did y	our organ	nization use a pro	essional f	und raiser, fund r	aising counsel o	r commercial co-venturer
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.								
attachments to		_						
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 f	iling fee:	Total fee	е:	Make a single	obook or money and a
next page to calculate you	ur							check or money order ayable to:
fee(s). Indicate fee(s) you	1						ρ	avable to.
are submitting here:	\$	25.	\$	250.	\$	275.		tment of Law"

CHAR500

Annual Filing Checklist

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: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raiser If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	s (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
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 Co	ontributors).
If you are a 7A only or DUAL filer, submit the applicable independent Certified Publicable Review Report if you received total revenue and support greater than \$250,00 Audit Report if you received total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required by the support greater than \$500,000 No Review Report of the State S	00 and up to \$500,000.
Note: The Audit and Review requirements are set to change in 2017 and 2021 in action of the formore details, visit www.charitiesNYS.com .	ccordance with the Non Profit Revitalization Act of 2013.
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee: \$0, if you marked the 7A exemption in Part 3a \$25, if you did not mark the 7A exemption in Part 3a	 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.
For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you marked the EPTL exemption in Part 3b	Check your registration category and learn more about NY law at www.CharitiesNYS.com
\$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	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 X \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	 - 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)).

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

368461 06-16-14 1019 CHAR500 Annual Filing for Charitable Organizations (Updated June 2014)