EXTENDED TO MAY 15, 2017

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

Department of the Treasury

▶ 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.

A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30,

OMB No. 1545-0047
2015
Open to Public Inspection

B	Check if	C Name of organization		D Employer identific	cation number
	Addres	SS II DAU			
H	change □Name			4 9/-3	389430
H	change _Initial	3	Room/suite		
H	return _Final		4515		645-8329
	—return/ termin		1 313	G Gross receipts \$	2,077,242.
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94114			
F	⊒return ∏Applic	-		H(a) Is this a group re	? Yes X No
	tion pendir	SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{}$	Tay aya	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) d	or 527	-	list. (see instructions)
		e: ► WWW.VDAY.ORG	01 321	H(c) Group exemption	
		organization: X Corporation	I Year		State of legal domicile: CA
		Summary	L Tour	01101111dd011. = 0 0 = IV	Totato or logal dominolo;
_		Briefly describe the organization's mission or most significant activities: RAIS	E AWAF	RENESS TO EN	D VIOLENCE
Activities & Governance		AGAINST WOMEN AND GIRLS.			
ern		Check this box if the organization discontinued its operations or dispose		1 1	
30				3	12
ø		Number of independent voting members of the governing body (Part VI, line 1b)			11
ijes		Total number of individuals employed in calendar year 2015 (Part V, line 2a)			11
Ξ		Total number of volunteers (estimate if necessary)			15
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	·····		
		One this stirms and smooth (Doub VIIII Proceeds)		Prior Year 1,831,221.	Current Year 2,069,870.
ne		Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue		Program service revenue (Part VIII, line 2g)		7,345.	6,712.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		13,916.	660.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,852,482.	2,077,242.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		861,577.	624,510.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
10				1,566,514.	668,073.
ıse	16a	Professional fundraising fees (Part IX column (A) line 11e)		0.	0.
Expenses	b	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	11.	-	
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,917,477.	2,197,404.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,345,568.	3,489,987.
		Revenue less expenses. Subtract line 18 from line 12		-3,493,086.	-1,412,745.
or		·		eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		5,684,521.	4,271,814.
t Ass	21	Total liabilities (Part X, line 26)		226,482.	226,520.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		5,458,039.	4,045,294.
Pa	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedule			/ knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	r has any knowledge.	
		Signature of officer		Doto	
Sig		•		Date	
Her	e	SUSAN CELIA SWAN, EXECUTIVE DIRECTOR Type or print name and title			
				Date Check	PTIN
Da!	4	Print/Type preparer's name CHRIS BELLANDO Preparer's signature		if	— hoof41714
Pai	o parer			self-employe	13-1655065
	Only	Firm's name LUTZ AND CARR, CPAS LLP Firm's address 300 EAST 42ND STREET		Firm's EIN	T2-T022002
USE	Unity	NEW YORK, NY 10017		Dhone no 21	2-697-2299
N4c:	, tha IF	· · · · · · · · · · · · · · · · · · ·		Priorie no. 4 1	
ivia	y trie II	RS discuss this return with the preparer shown above? (see instructions)			🔼 Yes 📖 No

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Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO END VIOLENCE AGAINST WOMEN AND GIRLS.
2	Did the organization undertake any significant program services during the year which were not listed on
2	
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
-r a	ONE BILLION RISING:
	ONE BIBLION RIGHTS.
	ONE BILLION RISING PROGRAM CARRIES OUT A GLOBAL ARTS-BASED CAMPAIGN TO
	RAISE AWARENESS ABOUT THE PREVALENCE OF GENDER BASED VIOLENCE AROUND
	THE WORLD THAT GALVANIZED GRASSROOTS ACTIVISTS IN OVER 200 COUNTRIES.
4b	(Code:) (Expenses \$1, 154, 367 • including grants of \$) (Revenue \$)
	CITY OF JOY/CONGO:
	CITY OF JOY PROGRAM SUPPORTS A TRANSFORMATIONAL LEADERSHIP CENTER FOR
	WOMEN SURVIVORS OF GENDER VIOLENCE IN BUKAVU, DRC THAT PROVIDES WOMEN
	PARTICIPANTS WITH TRAINING AND TRAUMA THERAPY TO BUILD THEIR LIVES
	TOWARDS THOSE OF SERVICE AND ACTIVISM.
1-	(Code:) (Expenses \$ 615, 202 • including grants of \$ 624, 510 •) (Revenue \$)
4c	(Code:) (Expenses \$ 615, 202 • including grants of \$ 624, 510 •) (Revenue \$) SOLIDARITY PROJECTS
	BOHLDAKIII FROUECIS
	TI DAY GUDDODEG GDAGGDOOEG AGETTITGEG GDOUDG AND DDOTEGEG ON EUE GDOUDG
	V-DAY SUPPORTS GRASSROOTS ACTIVISTS, GROUPS AND PROJECTS ON THE GROUND
	WORKING TO END VIOLENCE AGAINST WOMEN AND GIRLS-INCLUDING A SAFE HOUSE
	FOR WOMEN AND GIRLS ESCAPING FEMALE GENITAL MUTILATION IN KENYA;
	EDUCATIONAL PROGRAMS FOR GIRLS ESCAPING VIOLENCE IN AFGHANISTAN AND
	ANTI VIOLENCE ADVOCACY PROGRAM IN INDIA, THE PHILIPPINES, AND MORE.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 679,990 • including grants of \$) (Revenue \$
4-	
<u>4e</u>	Total program service expenses ► 3,196,513.

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Form 990 (2015) V-DAY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	77	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
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		v	
	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		v	
	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	امدا	Х	
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Λ	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ا ا		v
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	امدا		v
	complete Schedule G, Part III	19		X

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		_	000	(2015)

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Form 990 (2015) V-DAY Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this Part V					
					Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	18			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				37	
	(gambling) winnings to prize winners?	 I	I	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		11			
	filed for the calendar year ending with or within the year covered by this return		l		х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b		
٥-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			0-		Х
				3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a	х	
h	If "Yes," enter the name of the foreign country: CONGO, DEM REP	accou	nu)?	4a	-25	
D	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	\ccour	ate (EBAD)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X
				5c		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			30		
ou	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
-	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	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		
	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	contra	ct?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F	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. Did a donor advised fund maintained	by th	е			
				8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	مد ا	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	l			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a	I			
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	118				
D		11b				
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		7	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	j	u		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ı			
	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				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
				Form	990	(2015

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

_	Check if Schedule O contains a response or note to any line in this Part VI					X			
Sec	tion A. Governing Body and Management								
		1 1	4.0		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12						
	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	11						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other							
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supervisi	on						
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?		4		X			
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
6	Did the organization have members or stockholders?			6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or							
	more members of the governing body?			7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or							
	persons other than the governing body?			7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:							
а	The governing body?			8a	Х				
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 re	ached 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 F	Revenue Code.)							
			_		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the	form?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?		12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe							
	in Schedule O how this was done			12c	Х				
13	Did the organization have a written whistleblower policy?			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	al by independent	:						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?							
а	The organization's CEO, Executive Director, or top management official			15a	Х				
b	Other officers or key employees of the organization			15b	X				
	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	ement with a							
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participatior	۱						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization'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-	T (Section 501(c)(3	3)s only) a	vailab	le				
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website X Another's website X Upon request Other (explain	n in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest p	olicy, and	finan	cial				
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records:	▶						
	THE ORGANIZATION - 212-645-8329								
	4104 24TH STREET, SUITE 4515, SAN FRANCISCO, CA	94114							

Form 990 (2015) V-DAY 94-3389430 Page **7**

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.

Lheck 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) Name and Title	(B) Average hours per week	box	not c , unle cer an	ss pe	ition more rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) 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) KATHERINE MCFATE	2.00	7,		Ψ,					0	0
TREASURER	2.00	Х		Х				0.	0.	0.
(2) EVE ENSLER	2.00	X		x				0.	0.	0.
FOUNDER/PRESIDENT	2.00	^		^				0.	0.	0.
(3) PAT MITCHELL SECRETARY	2.00	X		x				0.	0.	0.
(4) KIMBERLE W. CRENSHAW	2.00									
DIRECTOR		Х						0.	0.	0.
(5) CARI ROSS	2.00									
DIRECTOR		Х						0.	0.	0.
(6) CAROLE BLACK	2.00									
DIRECTOR		Х						0.	0.	0.
(7) JANE FONDA	2.00									
DIRECTOR		Х						0.	0.	0.
(8) JENNIFER BUFFET	2.00									
DIRECTOR		Х						0.	0.	0.
(9) REGINA K. SCULLY	2.00									
DIRECTOR		Х						0.	0.	0.
(10) LISA SCHEJOLA AKIN	2.00									
DIRECTOR		Х						0.	0.	0.
(11) ROSARIO DAWSON	2.00									
DIRECTOR		Х						0.	0.	0.
(12) THANDIE NEWTON	2.00								_	
DIRECTOR		Х						0.	0.	0.
(13) SUSAN CELIA SWAN	40.00	l		l						4 400
EXECUTIVE DIRECTOR	4.0.00	Х		Х				200,000.	0.	1,428.
(14) CECILE LIPWORTH	40.00					l		446 770		•
MANAGING DIRECTOR	40.00					Х		146,750.	0.	0.
(18) SHAEL NORRIS	40.00	-				٦,		114 566	_	•
COMMUNITY AND COLLEGE CAMPAIGN DIREC						Х		114,566.	0.	0.
E00007 10 16 15										Form 990 (2015)

Form 990 (2015) V-DAY 94 - Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) 94-3389430 Page 8

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an			than		(D) (E) Reportable Reportable compensation compensation			l	(F) stimate		
	week (list any hours for related organizations below line)	tee or director	er an	od a d	Key employee	Highest compensated highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	3	other compensa from th organizat and relat organizati		ation le tion ted
1b Sub-total c Total from continuation sheets to Part V							<u> </u>	461,316.		0.			28.
d Total (add lines 1b and 1c)							<u> </u>	461,316. ecceived more than \$100	0,000 of reportable	0. e		1,4	28.
compensation from the organization3 Did the organization list any former officer.	director, or tru	uste	e. ke	ev er	olan	ovee	. or	highest compensated e	mplovee on			Yes	No
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the si	<i>such individual</i> um of reportab	 le co	 omp	ensa	atior	n and	d ot	her compensation from	the organization		3		Х
and related organizations greater than \$15 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	from	any	/ uni	elat	ted organization or indiv	idual for services		4	X	Х
rendered to the organization? If "Yes," con Section B. Independent Contractors											5		
Complete this table for your five highest countries the organization. Report compensation for (A)										pens	(C		
Name and business	address	NO	INC	Ξ				Description of s	services	C	compe		n
2 Total number of independent contractors (including but n	ot li	mite	d to	tho	se li	sted	d above) who received n	nore than				
\$100,000 of compensation from the organ	zation >					0					Form !	990 /	2015)

532008 12-16-15

	n 990 (rt VII						94-3389	9430 Page 9
Ра	IL VII	Check if Schedule O contain		or note to any lir	e in this Part VIII			
		Officer if Schedule O conta	по а гезропое	or note to any iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants similar amounts not included above Noncash contributions included in lines 1 Total. Add lines 1a-1f	1b 1c 1d 1d nns) 1e 1f 2 /	, 069 , 870 . ———————————————————————————————————	2,069,870.			
Program Service Revenue		All other program service reven Total. Add lines 2a-2f	ue	•				
	 Investment income (including dividends, interest, other similar amounts) Income from investment of tax-exempt bond proc Royalties 			proceeds	6,712.			6,712
		Gross rents	(i) Real	(ii) Fersorial				

532009 12-16-15

11 a OTHER

b

Other Revenue

6,712.

2,077,242.

660.

660.

660.

660.

c Rental income or (loss) **d** Net rental income or (loss) 7 a Gross amount from sales of

assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss)

including \$

d Net gain or (loss) 8 a Gross income from fundraising events (not

contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See

Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities

and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory

Miscellaneous Revenue

10 a Gross sales of inventory, less returns

d All other revenue

Total revenue. See instructions.

e Total. Add lines 11a-11d

(i) Securities

(ii) Other

Business Code

900099

V-DAY 94-3389430 Page **10**

Part IX | Statement of Functional Expenses

Form 990 (2015)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 119,319. 119,319. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 32,525 32,525 Grants and other assistance to foreign organizations, foreign governments, and foreign 472,666. 472,666. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 201,428. 40,286. 30,214. 130,928. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 12,969. 413,835. 354,930. 45,936. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 11,896. 9,598. 1,580. 718. Other employee benefits 9 40,914. 32,322. 5,728. 2,864. Payroll taxes 10 Fees for services (non-employees): a Management 6,533. 6,533. Legal 16,500. 12,173. 4,327. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 338,951 338,951. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 2,797. 112,457. 94,018. 15,642. Office expenses 13 23,621. 21,259. 2,362. Information technology 14 15 Royalties 19,344. 18,377. 967. 16 Occupancy 218,450. 203,159. 4,368. 10,923. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 86,766. 86,766. Depreciation, depletion, and amortization 22 18,770. 18,770. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) CITY OF JOY PROGRAM EXP 538,714. 538,714. VWORLD FARM PROGRAM EXP 434,813. 434,813. PRODUCTION EXPENSE 152,098. 152,098. 110,795 93,068. 1,108. 16,619. COMMUNICATIONS 119,592. 767. 118,825. e All other expenses 3,489,987. 3,196,513. 201,163. 92,311. Total functional expenses. Add lines 1 through 24e 25 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)

94-3389430 Page **11** Form 990 (2015)
Part X Balance Sheet V-DAY

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			329,319.	1	133,204.
	2	Savings and temporary cash investments			2,384,150.	2	3,166,117.
	3	Pledges and grants receivable, net			2,000,000.	3	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	tion 50	1(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			165,155.	7	169,900.
ğ	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	38,744.	9	42,970.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	1,154,980.			
	b	Less: accumulated depreciation	10b	395,357.	767,153.	10c	759,623.
	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		5,684,521.	16	4,271,814.	
	17	Accounts payable and accrued expenses	193,149.	17	193,187.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Se Se	22	Loans and other payables to current and former	office	rs, directors, trustees,			
Ĕ		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ated th	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24	. Complete Part X of			
		Schedule D			33,333.	25	33,333.
	26	Total liabilities. Add lines 17 through 25			226,482.	26	226,520.
		Organizations that follow SFAS 117 (ASC 958), ched	k here ▶ X and			
es		complete lines 27 through 29, and lines 33 an					
Fund Balances	27	Unrestricted net assets			2,911,936.	27	3,874,667.
Bal	28	Temporarily restricted net assets	2,546,103.	28	170,627.		
БП	29					29	
Ξ		Organizations that do not follow SFAS 117 (A					
ō		and complete lines 30 through 34.					
ëts	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipme	nt fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
Z	33	Total net assets or fund balances			5,458,039.	33	4,045,294.
	34	Total liabilities and net assets/fund balances			5,684,521.	34	4,271,814.

Form 990 (2015) V-DAY 94-3389430 Page **12**

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)		2,07					
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,48					
3	Revenue less expenses. Subtract line 2 from line 1		1,41 5,45					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
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	4,04	5,2	94.			
Pai	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	Ο.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	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	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
	consolidated basis, or both:							
	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	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
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?		. 3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	. 3b					
			Form	990	(2015)			

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) 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 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7623805.	4633764.	7417801.	1833161.	2069870.	23578401.
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	7623805.	4633764.	7417801.	1833161.	2069870.	23578401.
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)						11201373.
6							12377028.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	7623805.	4633764.	7417801.	1833161.	2069870.	23578401.
	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1,284.	3,974.	2,673.	7,345.	6,712.	21,988.
9	Net income from unrelated business		777		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)		13,445.	22,433.	11,976.	660.	48,514.
11							23648903.
12	Gross receipts from related activities,	etc (see instructi	nne)			12	369,589.
13	First five years. If the Form 990 is for			d fourth or fifth to			
	organization, check this box and stor		,		•	. , , ,	▶ □
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2015 (I			column (f))		14	52.34 %
15	Public support percentage from 2014					15	52.75 %
	33 1/3% support test - 2015. If the o					<u> </u>	
	stop here. The organization qualifies						
b	33 1/3% support test - 2014. If the o						
-	and stop here. The organization qual	•				•	
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	•					•
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ		•		• •		
12	Private foundation. If the organization		•	•			
10	Trivate loundation. If the organization	and not check a	DON OIT III IC TO, TO	a, 100, 17a, 01 17k			or 990-FZ) 2015

Scriedule A (Form 990 or 990-EZ) 20 K

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.)

Se	ction A. Public Support						_
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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							
-	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						
	Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
ŀ	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	·	(-) 0011	(h) 0010	/a) 0010	(4) 0014	(a) 001E	(f) Tatal
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6 Gross income from interest,						
10	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2015 (15	%
	Public support percentage from 2014					16	%
<u>Se</u>	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)15 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18						18	%
19	a 33 1/3% support tests - 2015. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organiz	ation	▶□
ŀ	33 1/3% support tests - 2014. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
3с		
_		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
90		
10a		
10b		

Pa	rt IV Supporting Organizations _(continued)			
	(Granicos)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		., 1	
	50.00 · 0.00 · 0.00 · 0.00 · 0.00 · 0.00 · 0.00 · 0.00 · 0.00 · 0.00 · 0.00 · 0.00 · 0.00 · 0.00 · 0.00 · 0.00		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
0	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ü	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3</i> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ictions,).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	,			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	i <mark>g Orga</mark> n	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970. See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integrate	ed Type III supporting ord	ganization (see
	instructions)	. •	3	· •

Schedule A (Form 990 or 990-EZ) 2015

ı aı	Type in Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Information about Schedule D (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

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No_
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		I
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
_	> \$		0(1)(4)(7)(7)
8	Does each conservation easement reported on line 2(d) above	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	s the organization's accounting for
Pai	conservation easements. † III Organizations Maintaining Collections or	f Art Historical Treasures or C	Other Similar Assets
ı uı	Complete if the organization answered "Yes" on Form		other omiliar Assets.
12	If the organization elected, as permitted under SFAS 116 (AS		ment and halance sheet works of art
ıu	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descri		and of public dervice, provide, in that Am,
h	If the organization elected, as permitted under SFAS 116 (AS		nt and halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	ducation, or research in farther ander of pe	able service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
-	the following amounts required to be reported under SFAS 1		a. 3a, provido
а	Revenue included on Form 990, Part VIII, line 1	, ,	> \$
	Assets included in Form 990, Part X		
~			··········· F T

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

Schedule D (Form 990) 2015

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection ferms (check all that apply):		t III Organizations Maintaining C	Collections of Art.	Historical T	reasures. o	or Other	Similar As	sets(conti		age Z
a Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintend as part of the organization's collection? ▼experted an amount on Form 990, Part X, line 21. 1a Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization and agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b It be organization and agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1c Amount										
a Public exhibition d	_		on, and onio, 1000, ao,	oncontain, or an						
b Scholarly research e	а	`	д	Loan or ex	change progra	ams				
c					onango progra	21110				
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 solict 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? Forested an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b Is the organization and gent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1c Beginning balance C Beginning balance C Beginning balance I Beginning of year 1 Beginning of year 1 Beginning of year part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. C Not investment earnings, gains, and losses C Not investment earnings, gains, and losses G Grant of year balance C Other expenditures for facilities and programs 1 Administrative expenses G End of year balance C Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶			· ·							
50 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X \ in a list the organization an angust trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X In a list the organization than 1 to 1 t		G	allections and explain I	now they further	the organizati	on's evem	nt nurnosa in	Part YIII		
to be sold to raise funds rather than to be maintained as part of the organization's collection?								rait Alli.		
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X2, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2 Ves	3							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? Ves No	Par								r	<u> </u>
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?				en the organizati	on answered	163 0111	51111 550, 1 art	10, 1116 3, 0	'	
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 e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account tiability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V				ry for contribution	ns or other as	sets not in	cluded			
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount								Ves		No
C Beginning balance 1 C	h	If "Yes " explain the arrangement in Part XIII	and complete the follo	wing table:						_ 110
c Beginning balance d Additions during the year 1 tending balance 2 Distributions during the year 1 tending balance 2 an Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Ending balance If If If If If If If I	-	Too, explain the arrangement in that xin	and complete the folio	wing table.				Amoun	ıt	
d Additions during the year	c	Reginning balance					10	7 1110 411		
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part Y Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization shows a provided on Part XIII. Part Y Part										
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves										
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Comment Funds										
Describe in Part XIII Check here if the explanation has been provided on Part XIII								Voc		No
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		_				-	·	1es		
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years (e										
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 ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on 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 (iii) related organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on 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 152,701 128,650 24,051. e Other 17,002,279 266,707 735,572.	. u.	2 Indextillers and complete						ack (a) Fou	r veare	hack
b Contributions	10	Reginning of year balance	(a) Ourient year	(b) I flot year	(C) Two year	3 baok (a	Till Co yours b	uck (e) rou	i youro	buok
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 ▶		ı								
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 ▶										
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										
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										
f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	е	·								
g End of year balance										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	f	T T T T T T T T T T T T T T T T T T T								
a Board designated or quasi-endowment ▶	g									
b Permanent endowment ▶			rent year end balance	(line 1g, column	(a)) held as:					
c Temporarily restricted endowment ▶			(%						
The percentages on 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 (iii) related organizations (iii) related organizations (iii) related organizations (iv) r	b	Permanent endowment	%							
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 (ii) related organizations (iii) related organizations (ii) related organizations (iii) relat	С	Temporarily restricted endowment ►	%							
Ves No (i) unrelated organizations 3a(i)		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
(ii) unrelated organizations (iii) related organizations b If "Yes" on line 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" on 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 e Other Other 1 1002,279. 266,707. 735,572.	3a	Are there endowment funds not in the posse	ssion of the organizati	on that are held	and administe	ered for the	organization			
(ii) related organizations b If "Yes" on line 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" on 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 (d) Book value b Buildings c Leasehold improvements d Equipment		by:							Yes	No
b If "Yes" on line 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" on 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 (d) Book value b Buildings c Leasehold improvements d Equipment		(i) unrelated organizations						3a(i)		
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Buildings Land Buildings Cueasehold improvements d Equipment Other Other Other Other Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 152,701. 128,650. 24,051.										
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as required	d on Schedule R	?			3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) basis (other) basis (other) c Leasehold improvements d Equipment e Other 11				ment funds.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Equipment (f) Cost or other basis (other) (f) Cost or other basis (other) (g) Accumulated depreciation (h) Cost or other basis (other) (g) Accumulated depreciation (h) Cost or other basis (other)	Par									
tal Land basis (investment) basis (other) depreciation b Buildings C Leasehold improvements C Leasehold improvements Land Land <td></td> <td>Complete if the organization answere</td> <td>d "Yes" on Form 990,</td> <td>Part IV, line 11a.</td> <td>See Form 990</td> <td>), Part X, lir</td> <td>ne 10.</td> <td></td> <td></td> <td></td>		Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a.	See Form 990), Part X, lir	ne 10.			
b Buildings C Leasehold improvements c Leasehold improvements 152,701. 128,650. 24,051. e Other 1,002,279. 266,707. 735,572.		Description of property	' '	',	1			(d) Boo	k valu	е
b Buildings C Leasehold improvements c Leasehold improvements 152,701. 128,650. 24,051. e Other 1,002,279. 266,707. 735,572.										
c Leasehold improvements 152,701. 128,650. 24,051. e Other 1,002,279. 266,707. 735,572.	b	Buildings								
e Other 1,002,279. 266,707. 735,572.										
e Other 1,002,279. 266,707. 735,572.	d	Equipment						2	<u>4,</u> 0	51.
				1,00	$02, \overline{279}$.	26	6, <mark>707.</mark>			
				column (B), line	10c.)			75	9,6	23.

Schedule D (Form 990) 2015

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				-f
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val	uation: Cost or end	-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11c. See Form 990, P	art X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of val	uation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.				
	on Form 000 Port IV	line 11d See Form 000 B	lort V lino 15	
Complete if the organization answered "Yes"	Description	, iiile TTu. See Form 990, F	art A, iii le 15.	(b) Book value
(1)	Becomption			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)			
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11e or 11f. See Form	990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) GRANTS PAYABLE		33,333.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		22.22		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin		33,333.		
2. Liability for uncertain tax positions. In Part XIII, provide		•		

Schedule D (Form 990) 2015

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

2015
Open to Public Inspection

Name of the organization

Employer identification number

V-1	DAY				94-33894	30
Pa		rmation on A	ctivities Ou	tside the United States. Comple		
	Form 990, Part I	V, line 14b.				
1	_	-		ds to substantiate the amount of its gr		
	the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes X No
2	For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance ou	tside the
3	Activities per Region. (T	he following Part	I, line 3 table ca	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
SUB-	-SAHARAN AFRICA	1	224	PROGRAM SERVICES	CITY OF JOY AND V-WORLD	1,154,367.
2 -	Sub total	1	224			1,154,367.
	Sub-total					1,151,507.
b	sheets to Part I	0	0			0.
С	Totals (add lines 3a					
	and 3b)	1	224			1,154,367.

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

Schedule F (Form 990) 2015

V-DAY

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)		(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)
		SUB-SAHARAN						
		AFRICA	SOLIDARITY PROJECTS	116,032.	.WIRE	0.		
		MIDDLE EAST AND		100.000				
		NORTH AFRICA	SOLIDARITY PROJECTS	122,969.	WIRE	0.		
		EAST ASIA AND THE						
			SOLIDARITY PROJECTS	50,000.	WIRE	0.		
				,				
		SOUTH ASIA	SOLIDARITY PROJECTS	40,000.	.WIRE	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	SOLIDARITY PROJECTS	30,000.	.WIRE	0.		
		EAST ASIA AND THE						
			SOLIDARITY PROJECTS	20,000.	WIRE	0.		
				1 20,000		•		
		SUB-SAHARAN						
		AFRICA	SOLIDARITY PROJECTS	11,525.	.WIRE	0.		
		EAST ASIA AND THE						
			SOLIDARITY PROJECTS	10,025.		0.		
			recognized as charities by the	foreign country	, recognized as tax-e	xempt by		
			n 501(c)(3) equivalency letter			🟲 .		
3 Enter total number of	otner organizations	or entities						

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

	(1 01111 9 9 0)			= =		(0		4)	r age z
Part II	Continuation o	Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9			
1 (a) Name	e of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOUTH ASIA	SOLIDARITY PROJECTS	10,000.	WIDE	0.		
			BOOTH ASTA	BODIDARIII FROUECIS	10,000.	WIKE	0.		
			SUB-SAHARAN						
				SOLIDARITY PROJECTS	8,225.	WIRE	0.		
					, -				
			SOUTH ASIA	SOLIDARITY PROJECTS	7,025.	WIRE	0.		
			EUROPE (INCLUDING						
			ICELAND AND						
			GREENLAND)	SOLIDARITY PROJECTS	5,025.	WIRE	0.		
			SOUTH ASIA	SOLIDARITY PROJECTS	5,000.	WIRE	0.		
									
								_	

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated it	f additional space is nee			,			
(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)
	SUB-SAHARAN						
EDUCATIONAL	AFRICA	1	6,325.	WIRE	0.		
EDUCATIONAL	SOUTH ASIA	1	4,500.	WIRE	0.		
EDUCATIONAL	SUB-SAHARAN AFRICA	1	2,525.	WIRE	0.		
			,				
	SUB-SAHARAN						
EDUCATIONAL	AFRICA	1	2,525.	WIRE	0.		
EDUCATIONAL	SUB-SAHARAN AFRICA	1	2,050.	WIDE	0.		
	ni kien		2,030.	HILL	**		
	SUB-SAHARAN						
EDUCATIONAL	AFRICA	1	2,040.	WIRE	0.		
EDUCATIONAL	SUB-SAHARAN AFRICA	1	12,825.	WIRE	0.		
	+						
	-	•	-	•			I. I. E (Farms 000) 004

94-3389430 Page 4

Schedule F (Form 990) 2015 V-DAY
Part IV Foreign Forms

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) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization 2 may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) _____ Yes X No 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) Was the organization a direct or indirect shareholder of a passive foreign investment company or a 4 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) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 5 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) 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)

Schedule F (Form 990) 2015

94-3389430 Page 5

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

2015

Employer identification number

OMB No. 1545-0047

Complete if the organization answered "Yes" on 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.

Open to Public Inspection

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	or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the select	tion
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to	Domestic Organi	zations and Domesti	c Governments. C	omplete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than S				ded.	(6) Mada a di a f	•	
(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
LIDERES CAMPESINAS 2102 S. ROSE AVE SUITE A OXNARD, CA 93033			5,000.	0.			GENERAL GRANT
GUERNICA 112 W. 27TH STREET SUITE 600 NEW YORK, NY 10001	94-3474132		5,000.	0.			GENERAL GRANT
RESTAURANT OPPORTUNITIES CENTERS UNITED - 275 SEVENTH AVE SUITE 1703 - NEW YORK, NY 10001	01-0939141		20,000.	0.			GENERAL GRANT
INDIE GO GO 965 MISSION STREET, 6TH FLOOR SAN FRANCISCO, CA 94103			15,500.	0.			GENERAL GRANT
PAVE ONE TOFFANY POINTE STE 203 BLOOMINGDALE, IL 60108	32-0131894		15,000.	0.			GENERAL GRANT
AFRICAN AMERICAN POLICY FORUM, INC 435 WEST 116TH STREET NEW YORK, NY 10027			10,000.	0.			GENERAL GRANT
2 Enter total number of section 501(c)(3) a3 Enter total number of other organizations							

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art 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
SPEED OF JOY							
1530 PALMER AVE							
LOS ANGELES, CA 90026			10,000.	0.			GENERAL GRANT
			20,000.				911111
LUCAS TOURS							
484 W 43RD STREET APT 25F							
NEW YORK , NY 10036			10,000.	0.			GENERAL GRANT
NETWORK FOR GOOD							
7920 NORFOLK AVE. SUITE 520							
BEHESDA, MD 20810			5,000.	0.			GENERAL GRANT
NOW EQUINDATION							
NOW FOUNDATION							
1100 H STREET NW SUITE 300			5,000.	0.			GENERAL GRANT
WASHINGTON , DC 20005			5,000.	0.			GENERAL GRANI
POLARIS INSTITUTE							
2235 LAKESHORE RD, P.O. BOX 106							
ESSEX, NY 12936			5,000.	0.			GENERAL GRANT
•			,				
WOMEN'S DRUMMERS INTERNATIONAL							
1679 VIEW DRIVE							
SAN LEANDRO , CA 94577			5,000.	0.			GENERAL GRANT
	1	I	1		I	I	

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	<u> </u>
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
V-DAY GRANT	1	10,025.	0.		
V-DAY GRANT	1	10,000.	0.		
V-DAY GRANT	1	10,000.	0.		
V-DAY GRANT	1	2,500.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2, Part III, column	(b), and any other ad	dditional information.	
PART I, LINE 2:					
GRANT RECIPIENT SIGNS AWARD LETTER	DETAILI	NG THE USE	OF THE GR	ANT 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)

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.

▶ 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

Department of the Treasury

Internal Revenue Service

Employer identification number 94-3389430 V-DAY **Questions Regarding Compensation**

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (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 X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		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) 2015

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) SUSAN CELIA SWAN	(i)	175,000.	25,000.	0.	0.	1,428.	201,428.	0.
EXECUTIVE DIRECTOR	(ii)	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)							
	(i) (ii)							
	[(11)						I	

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Schedule J (Form 990) 2015

SCHEDULE 0

Internal Revenue Service

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

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.

OMB No. 1545-0047 Open to Public

Name of the organization

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

Inspection **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 \$ 679,990. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

V-DAY

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

ANY COMMENTS BEFORE THE FINALIZATION OF THE 990 TAX RETURN.

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

IF A POTENTIAL CONFLICT OF INTEREST IS IDENTIFIED, THE PERSON DETERMINED TO

HAVE A CONFLICT IS RECUSED FROM (DELIBERATIONS OR VOTING OR BOTH,

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:

EXECUTIVE DIRECTOR, OFFICERS AND KEY EMPLOYEES COMPENSATION IS REVIEWED AND

APPROVED BY THE BOARD MANAGEMENT COMMITTEE.

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

AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 2C

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. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or	990-EZ) (2015)		Page 2
Schedule O (Form 990 or Name of the organization	V-DAY		Employer identification number 94-3389430

TAXABLE YEAR **2015**

California Exempt Organization Annual Information Return

528941 11-25-15 FORM

199

Cal	endar Year	\sim 2015 or fiscal year beginning (mm/dd/yyyy) $07/01/$	2015	, and ending	g (mm/dd/yyy	/y)	06	/30/2016 .
Co	orporation/Or	ganization name			Cali	fornia corpo	oration n	number
V-	-DAY					2332	477	
Ac	Iditional infor	rmation. See instructions.			FE	IN		
						94 - 3	389	430
Str	reet address	(suite or room)				PMB no.		
4	104 2	4TH STREET, NO. 4515						
Cit					State	ZIP code		
	-	ANCISCO			CA	9411	4	
	reign country	1	ate/county		011	Foreign p		de
			,					
\overline{A}	Firet Retu	ırn Yes X No	l If ever	nnt under R&TC	Section 237	l ∩1d hae i	he ora	anization
В	Amended	I Return • Yes X No		ed in political ac			_	
C	IRC Secti	on 4947(a)(1) trust Yes X No	1 -	organization exe				
D		rmation Return?	1	s," enter the gross	-			• — —
		Dissolved Surrendered (Withdrawn) Merged/Reorganized		anization is exem	•			· —
		(mm/dd/yyyy)	1	neets the filing fe	•			
Ε		counting method: (1) Cash (2) X Accrual (3) Other						
F	Endoral re	eturn filed? (1) • 990T (2) • 990-PF (3) • Sch H (990)		organization a Li	imitad Liahilit	v Compa	ານ/2	• Yes X No
'		Other 990 series		e organization a Li				6 163 [21] NO
G		group filing? See instructions • Yes X No		taxable income?				• Yes X No
Н	le thie or	ganization in a group exemption Yes X No		organization und				
"		what is the parent's name?		udited in a prior y	-			
	11 165, V	mat is the parent's hame!		deral Form 1023				
	Did the o	rganization have any changes to its guidelines						[] 165 [21] NU
'		ted to the FTB? See instructions	Date	iled with IRS				
ㅁ		Complete Part I unless not required to file this form. See General II		R and C				
÷	art i	1 Gross sales or receipts from other sources. From Side 2, Part				•	1	7,372.00
		2 Gross dues and assessments from members and affiliates					2	00
		2 Cross contributions, gifts, grants, and similar amounts receive	 nd		стит	1	3	2,069,870.00
F	Receipts	Gross contributions, gifts, grants, and similar amounts received Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Result is less than \$50	си		0.1111	ಕ. 🎍	4	2,077,242.00
	and	5 Cost of goods sold	rai instruction	5		00	-7	2,011,242.00
R	evenues	Cost of goods soldCost or other basis, and sales expenses of assets sold	٠	6		00		
		7 Total costs. Add line 5 and line 6				00	7	00
		7 Total costs. Add line 5 and line 68 Total gross income. Subtract line 7 from line 4					8	2,077,242.00
		Total expenses and disbursements. From Side 2, Part II, line	1Q			•	9	3,489,987.00
E	xpenses	10 Excess of receipts over expenses and disbursements. Subtract	rt ling a fron	 n lina 8			10	-1,412,745.00
		Ad Tatal a sussants				•	11	00
		40 11 1 0 0 11 1 1 1/					12	00
		13 Payment balance. If line 11 is more than line 12, subtract line					13	00
F	iling Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 1					14	00
	illing i cc	15 Filing fee \$10 or \$25. See General Instruction F					15	10.00
		4. 5 11 1 1 0 0 11 1 11 1					16	00
		17 Balance due. Add line 12, line 15, and line 16. Then subtract l					17	10.00
		Under penalties of perjury, I declare that I have examined this return, including a it is true, correct, and complete. Declaration of preparer (other than taxpayer) is	accompanying	schedules and sta	tements, and to	the best o	my kno	owledge and belief,
Sig		it is true, correct, and complete. Declaration of preparer (other than taxpayer) is	Title	normation of which	Preparer nas al	ny knowied	ge.	■ Telephone
He	re	Signature of officer		UTIVE D				relephone
		of officer	<u> </u>	Date	Check	:4		● PTIN
		Preparer's signature				ıτ nployed ▶		P00541714
Pai	id				35 511	. ,		● FEIN
	parer's	Firm's name (or yours, LUTZ AND CARR, CPAS LLP						13-1655065
	e Only	if self- employed) 300 EAST 42ND STREET						● Telephone
US	Ulliy	and address NEW YORK, NY 10017						212-697-2299
_		May the FTB discuss this return with the preparer shown above? Se	a inetructio	ne		• X		
		i may the rib discuss this return with the preparer showil above? St	รช เมอเเนตเป	110		ਤ ∟ਨ	Yes	L 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	s sales or receipts from all b	business activities. See instruc	tions	•	1	00
	2 Intere	est			•	2	6,712.00
	3 Divide	ends			•	3	00
Receipts	4 Gross	s rents			•	4	00
from	5 Gross	royalties			•	5	00
Other	6 Gross	amount received from sale	e of assets (See Instructions)		•	6	00
Sources	7 Other	income	e of assets (See Instructions)	SEE STA	TEMENT 2 •	7	660.00
	8 Total	gross sales or receipts from	m other sources. Add line 1 th	rough line 7. Enter here and o	on Side 1, Part I, line 1	8	7,372.00
	9 Contr	ibutions, gifts, grants, and	similar amounts paid	-	•	9	624,510.00
	10 Disbu	rsements to or for member	rs		•	10	00
	11 Comp	ensation of officers, direct	rs ors, and trustees	SEE STA	TEMENT 3 •	11	201,428.00
	12 Other	salaries and wages			•	12	413,835.00
Expenses						13	00
and						14	40,914.00
Disburse-						15	19,344.00
ments	16 Depre	eciation and depletion (See	instructions)		•	16	86,766.00
	17 Other	Expenses and Dishurseme	instructions) ents	SEE STA	TEMENT 4 •	17	2,103,190.00
	18 Total	expenses and dishurseme	nts. Add line 9 through line 17	Enter here and on Side 1 Pa	art I line 9	18	3,489,987.00
Schedu		lance Sheets	Beginning of				able year
Assets			(a)	(b)	(c)		(d)
1 Cash			. ,	2,713,469.	.,		• 3,299,321.
2 Net ac		/able		<u> </u>			•
3 Net no	tes receivable	e STMT 5		165,155.			 169,900.
							•
		overnment obligations					•
6 Investi	ments in othe	er bonds					•
7 Investi	ments in stoc	ck					•
8 Mortga	age loans .						•
9 Other i	investments						•
10 a Dep	reciable asse	ts	1,075,744.		1,154,98	0.	
b Less	s accumulate	d depreciation	(308,591.)	767,153.	(395,357	•)	759,623.
							•
12 Other a	assets	STMT 6		2,038,744.			 42,970.
				5,684,521.			4,271,814.
	and net wort						
14 Accou	nts payable .			193,149.			 193,187.
15 Contril	butions, gifts	, or grants payable					•
16 Bonds	and notes pa	ayable					•
17 Mortga	ages payable	<u></u> .					•
18 Other I	liabilities	STMT 7		33,333.			33,333.
		ncipal fund					•
		us. Attach reconciliation					•
21 Retain	ed earnings o	or income fund		5,458,039.			• 4,045,294.
		d net worth		5,684,521.			4,271,814.
Schedu			per books with income per re		- # # FO 000		
4 81 11			dule if the amount on Schedul				
		oks			-		
	al income tax			not included in th			•
		sses over capital gains		8 Deductions in this			•
		ed on books this year on books this year not		9 Total. Add line 7	ome this year		-
-	ses recorded ted in this ret	-	•	10 Net income per re			
		rough line 5	4 44 6 5				-1,412,745.
J TOTAL.	riau iiilo T lilli	ough into 0	<u>-//</u>	Jubilaci ilic 9 ili	JIII IIII 0		

FORM 199	ST	STATEMENT 1		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT	
CARLO AND MICOL SCHEJOLA FOUNDATION	501 SILVERSIDE ROAD #123 WILMINGTON, DE 19809	12/01/16	310,000.	
ARTEMIS RISING FOUNDATION	2900 SCOTT STREET SAN FRANCISCO, CA 94123	12/01/16	75,000.	
THE DAVID AND LUCILE PACKARD FOUNDATION	343 SECOND STREET LOS ALTOS, CA 94022	12/01/16	100,000.	
TIDES FOUNDATION	55 EXCHANGE PLACE SUITE 402 NEW YORK, NY 10005	12/01/16	1,000,000.	
ANONYMOUS	PO BOX 399 INVERNESS, CA 94937	12/01/16	55,000.	
TOTAL INCLUDED ON LINE 3			1,540,000.	
FORM 199	OTHER INCOME	ST	'ATEMENT 2	
DESCRIPTION			AMOUNT	
OTHER			660.	
TOTAL TO FORM 199, PART I	I, LINE 7		660.	

FORM 199 COMPENSATION OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 3
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
KATHERINE MCFATE 4104 24TH STREET, NO. 4515 SAN FRANCISCO, CA 94114	TREASURER 2.00	0.
EVE ENSLER 4104 24TH STREET, NO. 4515 SAN FRANCISCO, CA 94114	FOUNDER/PRESIDENT 2.00	0.
PAT MITCHELL 4104 24TH STREET, NO. 4515 SAN FRANCISCO, CA 94114	SECRETARY 2.00	0.
KIMBERLE W. CRENSHAW 4104 24TH STREET, NO. 4515 SAN FRANCISCO, CA 94114	DIRECTOR 2.00	0.
CARI ROSS 4104 24TH STREET, NO. 4515 SAN FRANCISCO, CA 94114	DIRECTOR 2.00	0.
CAROLE BLACK 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.
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.
ROSARIO DAWSON 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.
SUSAN CELIA SWAN 4104 24TH STREET, NO. 4515 SAN FRANCISCO, CA 94114		EXECUTIVE 40.		201,428.
CECILE LIPWORTH 4104 24TH STREET, NO. 4515 SAN FRANCISCO, CA 94114		MANAGING D		0.
SHAEL NORRIS 4104 24TH STREET, NO. 4515 SAN FRANCISCO, CA 94114		COMMUNITY 40.	AND COLLEGE 00	CAMP 0.
TOTAL TO FORM 199, PART II,	LINE 11			201,428.
FORM 199	OTHER	EXPENSES		STATEMENT 4
				11/0777
DESCRIPTION				AMOUNT
DESCRIPTION CITY OF JOY PROGRAM EXP VWORLD FARM PROGRAM EXP PRODUCTION EXPENSE COMMUNICATIONS OTHER EMPLOYEE BENEFITS LEGAL FEES ACCOUNTING FEES OTHER PROFESSIONAL FEES OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL INSURANCE ALL OTHER EXPENSES TOTAL TO FORM 199, PART II,	LINE 17			538,714. 434,813. 152,098. 110,795. 11,896. 6,533. 16,500. 338,951. 112,457. 23,621. 218,450. 18,770. 119,592.
CITY OF JOY PROGRAM EXP VWORLD FARM PROGRAM EXP PRODUCTION EXPENSE COMMUNICATIONS OTHER EMPLOYEE BENEFITS LEGAL FEES ACCOUNTING FEES OTHER PROFESSIONAL FEES OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL INSURANCE ALL OTHER EXPENSES	LINE 17	RECEIVABLE		538,714. 434,813. 152,098. 110,795. 11,896. 6,533. 16,500. 338,951. 112,457. 23,621. 218,450. 18,770. 119,592.
CITY OF JOY PROGRAM EXP VWORLD FARM PROGRAM EXP PRODUCTION EXPENSE COMMUNICATIONS OTHER EMPLOYEE BENEFITS LEGAL FEES ACCOUNTING FEES OTHER PROFESSIONAL FEES OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL INSURANCE ALL OTHER EXPENSES TOTAL TO FORM 199, PART II,		RECEIVABLE	BEG. OF YE	538,714. 434,813. 152,098. 110,795. 11,896. 6,533. 16,500. 338,951. 112,457. 23,621. 218,450. 18,770. 119,592. 2,103,190.
CITY OF JOY PROGRAM EXP VWORLD FARM PROGRAM EXP PRODUCTION EXPENSE COMMUNICATIONS OTHER EMPLOYEE BENEFITS LEGAL FEES ACCOUNTING FEES OTHER PROFESSIONAL FEES OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL INSURANCE ALL OTHER EXPENSES TOTAL TO FORM 199, PART II,	NET NOTES	RECEIVABLE	BEG. OF YEA	538,714. 434,813. 152,098. 110,795. 11,896. 6,533. 16,500. 338,951. 112,457. 23,621. 218,450. 18,770. 119,592. 2,103,190. STATEMENT 5 AR END OF YEAR

FORM 199	OTHER ASSETS		STATEMENT 6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED (CHARGES	2,000,000.	0. 42,970.
TOTAL TO FORM 199, SCHEDULE L,	LINE 12	2,038,744.	42,970.
FORM 199	OTHER LIABILITIES		STATEMENT 7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
		33,333.	33,333.
GRANTS PAYABLE		55,555.	33,333.

2015

Corporation Depreciation and Amortization

CALIFORNIA FORM
3885

FORM 199 FEIN 94-3389430 Attach to Form 100 or Form 100W. Corporation name California corporation number 2332477 V-DAY Part I Election To Expense Certain Property Under IRC Section 179 1 Maximum deduction under IRC Section 179 for California \$25,000 2 Total cost of IRC Section 179 property placed in service 2 3 Threshold cost of IRC Section 179 property before reduction in limitation 3 \$200,000 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-5 (a) Description of property (b) Cost (business use only) 6 7 Listed property (elected IRC Section 179 cost) 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 Carryover of disallowed deduction from prior taxable years 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2016. Add line 9 and line 10, less line 12 Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356 (f) Life or (b) (c) (d) (g) Depreciation (e) (h) Description property Date acquired Depreciation allowed or Cost or Additional Depreciation for this year (mm/dd/yyyy) other basis rate first year depreciation allowable in earlier years Method SEE STATEMENT 8 1,154,980. 308,591. 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. 86,766. See instructions for line 14, column (h) 15 Part III Summary 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g) 86,766. 16 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 17 86,766. 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) Part IV Amortization (g) Amortization (e) R&TC (a) Description of property (b) (d) (c) Cost or Date acquired Amortization allowed or Period or section (mm/dd/yyyy) other basis allowable in earlier years percentage for this year see instructions 20 Total. Add the amounts in column (g) 20 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12

CA 3885		DEPRE	CIATION			STATEM	IENT 8
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 FURNITURE,	FIXTURES A	~ ~	100 000				
2 WEBSITE	VARIOUS	134,986.	122,023.	VAR	5.00	6,627.	
Z WEDDIIE	VARIOUS	179,445.	137,889.	VAR	3.00	32,549.	
3 AUTOMOBILE							
4 V-WORLD FAR	VARIOUS RM GENERATO	69,381 . R	34,688.	VAR	5.00	13,876.	
5 VWORLD FARM	VARIOUS	17,715.	886.	VAR	5.00	1,772.	
J WWI ULLAND	VARIOUS	753,453.	13,105.	VAR	5.00	31,942.	
TOTAL DEPR TO FOR	RM 3885	1,154,980.	308,591.			86,766.	

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

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

State Charity Registration Number: ct 116539	Check if:				
	Change of address				
V-DAY	Amended report				
Name of Organization		silueu report			
4104 24TH STREET, NO. 4515 Address (Number and Street)	Corporate	or Organization No. 2332477			
SAN FRANCISCO, CA 94114	Federal En	nployer I.D. No. 94-3389430			
City or Town, State and ZIP Code					
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Attorney General's R					
Gross Annual Revenue Fee Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	<u>e</u>	
Less than \$25,000 0 Between \$100,001 and \$250,000		Between \$1,000,001 and \$10 million	\$1		
Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million	n \$75	Between \$10,000,001 and \$50 million Greater than \$50 million	\$22 \$30		
PART A - ACTIVITIES					
For your most recent full accounting period (beginning $07/01/20$	15 end	ing <u>06/30/2016</u>) list:			
Gross annual revenue \$ 2,077,242. Total assets \$	4,	271,814.			
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD (OF THIS RE	PORT			
Note: If you answer "yes" to any of the questions below, you must attach a so and details for each "yes" response. Please review RRF-1 instructions					
1. During this reporting period were there any contracts loops become without	inanaial tran	agestions between the organization	Yes	No	
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?				Х	
During this reporting period, was there any theft, embezzlement, diversion or r or funds?	misuse of th	e organization's charitable property		x	
During this reporting period, did non-program expenditures exceed 50% of gross revenues?				х	
During this reporting period, were any organization funds used to pay any per with the Internal Revenue Service, attach a copy.	nalty, fine or	judgment? If you filed a Form 4720		х	
During this reporting period, were the services of a commercial fundraiser or fundraiser.	undraising o	counsel for charitable purposes used?			
If "yes," provide an attachment listing the name, address, and telephone num		·		X	
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? Principles of this reporting period?					
Organization's area code and telephone number 212-645-8329					
Organization's e-mail address					
I declare under penalty of perjury that I have examined this report, including accompanyin	a documente	and to the heet of my knowledge and helief in	t io tro		
correct and complete.	iy aocaments	, and to the best of my knowledge and belief, I	เารเเน	С,	
SUSAN CELIA SWAN	E	XECUTIVE DIRECTOR			
Signature of authorized officer Printed Name	Tit				

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

2015

Open to Public Inspection

1.General Informati	ion			
For Fiscal Year Beginning	g (mm/dd/yyyy) 07/0:	1/2015 and Ending	(mm/dd/yyyy) 06/30/	2016
Check if Applicable: Address Change	Name of Organization: V-DAY			Employer Identification Number (EIN): 94-3389430
Name Change Initial Filing	Mailing Address: 4104 24TH STI	REET, NO. 4515		NY Registration Number: 20-14-01
Final Filing Amended Filing	City / State / ZIP: SAN FRANCISCO	O, CA 94114		Telephone: 212 645-8329
Reg ID Pending	Website: WWW • VDAY • ORG			Email:
Check your organization's				
registration category:		PTL only X DUAL (7A	0 [] [] []	Confirm your Registration Category in the Charities Registry at <u>www.CharitiesNYS.com</u>
2. Certification				
See instructions for certifi	cation requirements. Impro	oper certification is a violatio	n of law that may be subjec	t to penalties.
		reviewed this report, includir te in accordance with the law		ne best of our knowledge and belief, applicable to this report.
			SUSAN CELI	A SWAN
President or Authorized	Officer:		EXECUTIVE	DIRECTOR
	Signature		Print Nam	e and Title Date
Chief Financial Officer or	Treasurer:			
	Signature		Print Nam	e and Title Date
3. Annual Reporting	Evemption			
		our organization is claiming a	an exemption under one cat	egory (7A or EPTL only filers) or both
		-	=	fied Char500. No fee, schedules, or
				ne exemption, you must file applicable
	nts and pay applicable fees	·	OAL mer that claims only of	re exemption, you must me applicable
Scriedules and attacrimer	its and pay applicable lees	o.		
3a. 7A filin	a exemption: Total contrib	utions from NY State includi	na residents, foundations, o	government agencies, etc, did not
				I raising counsel (FRC) to solicit
contributio	ons during the fiscal year. (Or the organization qualifies f	or another 7A exemption (s	ee instructions).
3b. EPTL f	iling exemption: Gross rec	eipts did not exceed \$25,000	and the market value of as	ssets did not exceed \$25,000 at any time
during the	fiscal year.			
4. Schedules and A	ttachments			
See the following page				
for a checklist of				raising counsel or 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 fee:	EPTL filing fee:	Total fee:	
next page to calculate you	_	Li TE illing icc.	Total icc.	Make a single-check or money order
fee(s). Indicate fee(s) you	ai			payable to:
are submitting here:	\$ 25.	\$ 250.	\$ 275.	"Department of Law"

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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 Raisers If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	(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 Cor Our organization was eligible for and filed an IRS 990-N e-postcard. We have in				
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Review Report if you received total revenue and support greater than \$250,00 X 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 We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	o and up to \$500,000.			
Calculate Your Fee				
For 7A and DUAL filers, calculate the 7A fee:	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:			
\$0, if you checked the 7A exemption in Part 3a X \$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")			
For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3b	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.			
\$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.			
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$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	EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u> . These organizations are not required to file annual financial reports but may do so voluntarily.			
	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com			
Send Your Filing	w			
Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization & NET WORTH? NET WORTH for fee purposes is calculated on:			
NYS Office of the Attorney General	- IRS From 990 Part I, line 22			
Charities Bureau Registration Section	- IRS Form 990 EZ Part I, line 21			
IZO Broadway IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) a				

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Total Liabilities (Part II, line 23(b)).

New York, NY 10271