

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990.

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2007

benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements Department of the Treasury Internal Revenue Service Open to Public Inspection 7/01/07 6/30/08 For the 2007 calendar year, or tax year beginning , and ending Please Check if applicable Name of organization Employer identification number use IRS 94-3389430 Address change label or V-DAY Telephone number print or Name change 212-924-1229 type. Number and street (or P O box if mail is not delivered to street address) Room/suite Initial return See 303 PARK AVE SOUTH 1184 Accounting method: Specific Termination X Accrual City or town, state or country, and ZIP + 4 Other (specify) Instruc-NEW YORK NY 10010 Amended return tions. Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable H and I are not applicable to section 527 organizations Application pending trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return for affiliates? Website: ∿ www.vday.org H(b) If "Yes," enter number of affiliates ▶ Organization type H(c) Are all affiliates included? (check only one) ► X 501(c) (3) < (insert no) 4947(a)(1) or (If "No," attach a list. See instructions.) H(d) Is this a separate return filed by an if the organization is not a 509(a)(3) supporting organization and its gross organization covered by a group ruling? receipts are normally not more than \$25,000. A return is not required, but if the organization chooses Group Exemption Number ▶ to file a return, be sure to file a complete return Check | X | if the organization is not required 5,224,223 Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 to attach Sch B (Form 990, 990-EZ, or 990-PF) Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) 1 Contributions, gifts, grants, and similar amounts received: Contributions to donor advised funds а 1a 3,522,574 1b b Direct public support (not included on line 1a) c Indirect public support (not included on line 1a) 1c Government contributions (grants) (not included on line 1a) 1d Total (add lines 1a through 1d) (cash \$ _____3,550,849 noncash \$ 3,550,849 e 326,121 2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 3 Membership dues and assessments 163 4 Interest on savings and temporary cash investments 4 5 Dividends and interest from securities 5 6a Gross rents 6a 6Ь b Less rental expenses 6c C Net rental income or (loss) Subtract line 6b from line 6a 7 Other investment income (describe 7 8a Gross amount from sales of assets other (A) Secunties (B) Other 8a than inventory Яh Less cost or other basis and sales expenses b C Gain or (loss) (attach schedule) Net gain or (loss) Combine line 8c, columns (A) and (B) 8d d Special events and activities (attach schedule). If any amount is from gaming, check-here RECEIVED Gross revenue (not including \$ contributions reported on line 1b) Less direct expenses other than fundraising expenses

Net income or (loss) from special events Subtract income. 9c C Gross sales of inventory, less returns and allowances 10a 1db SCAINING Less cost of goods sold b Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a 10c c 1,347,090 11 11 Other revenue (from Part VII, line 103) 5,224,223 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 1,977,360 13 13 Program services (from line 44, column (B)) 408,228 14 14 Management and general (from line 44, column (C)) 186,154 15 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 16 2,571,742 17 Total expenses. Add lines 16 and 44, column (A) 17 2,652,481 18 18 Excess or (deficit) for the year Subtract line 17 from line 12 69,920 19 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 2,722,401 Net assets or fund balances at end of year Combine lines 18, 19, and 20 21

· · · · · · · · · · · · · · · · · · ·	ons must co	omplete column (A). Co	olumns (B), (C), and (D of charitable trusts but) are required for section optional for others (See	in 501(c)(3) and (4) the instructions)
Tunetional Expenses	and section	The state of the s			- uto modulono)
Do not include amounts reported on line		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
6b, 8b, 9b, 10b, or 16 of Part I. 22a Grants paid from donor advised funds (attach schedule)					
non-	$\langle \ \ \ \ $				
(cash \$ cash \$ If this amount includes foreign grants, check here	22a		ļ		
	J 22a				
C1 C 013 non-					
`	22b	616,213	616,213		
	220	010,213	010,213		
23 Specific assistance to individuals (attach	22				
schedule)	23		··		
24 Benefits paid to or for members (attach	1 24				
schedule)	24				
25a Compensation of current officers, directors,					
key employees, etc listed in Part V-A See Statement 2	25a				
	234				
b Compensation of former officers, directors,	1 1				
key employees, etc listed in	ا مورا	İ			
Part V-B	25b			-	
c Compensation and other distributions, not included above	e,				
to disqualified persons (as defined under section	2 250				
4958(f)(1)) and persons described in section 4958(c)(3)(l	3) 25c				
26 Salaries and wages of employees not included	26	524,221	366,955	104,844	52,422
on lines 25a, b, and c	20	324,221	300,333		
27 Pension plan contributions not included on	27				
lines 25a, b, and c	-21				
28 Employee benefits not included on lines	28	17,190	12,033	3,438	1,719
25a – 27	29	40,662	28,463	8,132	4,067
29 Payroll taxes		- 40,002	20,103		
30 Professional fundraising fees	30	47,851	23,926	23,925	
31 Accounting fees	31	47,031	23,320	23/320	
32 Legal fees	33	3,046	2,132	609	305
33 Supplies	34	66,768	46,738	13,354	6,676
34 Telephone	35	19,471	13,630	3,894	1,947
35 Postage and shipping	36	23,227	16,259	4,645	2,323
36 Occupancy	37		20/200	2,020	
37 Equipment rental and maintenance	38				
38 Printing and publications	39	178,452	124,916	35,690	17,846
39 Travel	40	2707102		55/555	
40 Conferences, conventions, and meetings	41				
41 Interest	42	6,154	6,154		
42 Depreciation, depletion, etc (attach schedule)	42	0/134	0,131		
43 Other expenses not covered above (itemize): a See Statement 3	43a	1,028,487	719,941	209,697	98,849
	43a	2/020/10/	,		
b	43c				
C	43d				
d	43e				
e 4	43f				
T	43g				
g 44 Total functional expenses. Add lines 22a	739				
through 43g (Organizations completing					
columns (B)-(D), carry these totals to lines					
	44	2,571,742	1,977,360	408,228	186,154
13-15) Joint Costs. Check ▶ ☐ If you are following SOP 98-2.	44	2/3:12/:12			
Are any joint costs from a combined educational campaign a	nd fundres	sing solicitation reporter	d in (B) Program servic	es?	Yes X No
If "Yes," enter (i) the aggregate amount of these joint costs \$	idildidi		nt allocated to Program ser		
(iii) the amount allocated to Management and general \$			nt allocated to Fundraising		
DAA		, =//2 (1-) 010 0111001			Form 990 (2007

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

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

	<u> </u>							
Wh	nat is the organization's prii			7.ND (CTDI C			Program Service
of c	organizations must describ clients served, publications	be their exempt p	urpose achievemei cuss achievements	nts in a clea	ar and concise manner. State the number of measurable (Section 501(c)(3) and (4) are amount of grants and allocations to others)			Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
а								
	(Grants and allocations	\$			If this amount includes foreign grants, check here			
b								
	(Grants and allocations	\$,		If this amount includes foreign grants, check here		\Box	
С	Columb and anocations				ir tills amount includes foreign grants, check here	_	Щ	
d	(Grants and allocations	\$			If this amount includes foreign grants, check here	<u> </u>		
	(Grants and allocations	\$)		If this amount includes foreign grants, check here	>		
е	Other program services (attach schedule)	See Stm	t 4				
	(Grants and allocations	\$	616,213)			<u> </u>	X	1,977,360
f	Total of Program Service	e Expenses (sho	ould equal line 44, o	olumn (B),	, Program services)		<u> </u>	<u>1,977,360</u>
			 					Form 990 (2007)

Form 990 (2007) **V-DAY**

	art IV.	Balance Sheets (See the instructions.)				
_	Note:	Where required, attached schedules and amounts with column should be for end-of-year amounts only.	in the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing		295,682	45	2,778,993
	46	Savings and temporary cash investments			46	
	47a	Accounts receivable	47a			
	Ъ	Less allowance for doubtful accounts	47b	 	47c	
	"	Less allowance for goubilal accounts	470		4,0	
	48a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50a	Receivables from current and former officers, directors,	trustees, and			
		key employees (attach schedule)			50a	
	b	Receivables from other disqualified persons (as defined	d under section 4958(f)(1)) and			
		persons described in section 4958(c)(3)(B) (att_schedu	le)		50b	
	51a	Other notes and loans receivable (attach				
s		schedule)	51a			
Assets	b	Less allowance for doubtful accounts	51b		51c	
As	52	Inventories for sale or use			52	
	53 54a	Prepaid expenses and deferred charges Investments—publicly-traded	▶ □ • . □ •••	9,258		
	ь	secunties Investments—other secunties (attach schedule)	Cost FM		54a 54b	
	55a	Investments—land, buildings, and				
		equipment basis	55a	_		
	b	Less accumulated depreciation (attach				
	-	schedule)	55b		55c 56	
	56	Investments—other (attach schedule)	57a 84,38	20	- 56	
	57a	Land, buildings, and equipment: basis Less accumulated depreciation (attach	57a 84,38	70	1 1	
-	_b	schedule) See Statement 5	57b 73,14	14 -11,653	57c	- 11,244
	58	Other assets, including program-related investments	370 73/2		3,6	
	"	(describe ► See Statement 6	8,421	58		
	59	Total assets (must equal line 74) Add lines 45 through	ı 58	325,014		2,790,237
	60	Accounts payable and accrued expenses		55,094		67,836
	61	Grants payable			61	
	62	Deferred revenue			62	
S	63	Loans from officers, directors, trustees, and key employ	vees (attach			
ij		schedule)			63	
Liabilities	64a	Tax-exempt bond liabilities (attach schedule)			64a	
_	b	Mortgages and other notes payable (attach schedule)		200	64b	
	65	Other liabilities (describe ► See Statemen	it 7	200,000	65	
	ee .	Total liabilities Add loss CO through CE		255,094	66	67,836
	Graa	Total liabilities. Add lines 60 through 65 nizations that follow SFAS 117, check here ▶ X a	nd complete lines	255,054		01,030
	0.55	67 through 69 and lines 73 and 74	na complete inice			
Ś	67	Unrestricted		30,801	67	2,346,541
nce	68	Temporarily restricted		39,119		376,760
ala	69	Permanently restricted		69		
ğ	Orga	nizations that do not follow SFAS 117, check here	-			
Ē		complete lines 70 through 74		1 1		
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds		70		
sets	71	Paid-in or capital surplus, or land, building, and equipm		71		
As	72	Retained earnings, endowment, accumulated income, or		72		
Net	73	Total net assets or fund balances. Add lines 67 through	-		1	
_	}	70 through 72 (Column (A) must equal line 19 and column	umn (B) must	60.000		0 500 401
		equal line 21)		69,920 325,014	_	2,722,401
	74	Total liabilities and net assets/fund balances. Add lin	1 525.U14	74	Z.19U.Z37	

Forn	n 990 (2007)	V-DAY	94-3389430		Page :
P	art IV;A	Reconciliation of Revenue per Audited Finan	ncial Statements With Revenue pe	r Return (
		instructions.)			
а		e, gains, and other support per audited financial statements		a	5,224,223
b	Amounts incl	uded on line a but not on Part I, line 12			
1	Net unrealize	ed gains on investments	b1	}	
2	Donated serv	vices and use of facilities	b2	_	
3	Recovenes of	of prior year grants	b3	_	
4	Other (specif	y)			
			b4	_	
	Add lines b1	through b4		ь	
С	Subtract line	b from line a		С	5,224,223
d	Amounts incl	uded on Part I, line 12, but not on line a:			
1	Investment e	xpenses not included on Part I, line 6b	d1		
2	Other (specif	y)			
			d2		
	Add lines d1	and d2		d	
е	Total revenu	e (Part I, line 12) Add lines c and d	1	▶ e	5,224,223
P	art IV-B	Reconciliation of Expenses per Audited Fina	incial Statements With Expenses	per Retur	
а	Total expens	es and losses per audited financial statements		a	2,571,742
b	Amounts incl	uded on line a but not Part I, line 17		{ }	
1	Donated serv	vices and use of facilities	b1		
2	Prior year ad	justments reported on Part I, line 20	b2		
3	Losses repor	ted on Part I, line 20	b3		
4	Other (specif	y)			
			b4		
	Add lines b1	through b4		ь	
С	Subtract line	b from line a		С	2,571,742
d	Amounts incl	uded on Part I, line 17, but not on line a:			
1	Investment e	xpenses not included on Part I, line 6b	d1		
2	Other (specif	y)			
		•	d2		
	Add lines d1	and d2		d	
е	Total expens	ses (Part I, line 17) Add lines c and d		e	2,571,742
		Owner Officer Disease Tourses and Va			

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

EVE ENSIER NEW YORK PRESIDENT 303 PARK AVE SOUTH NY 10010 0 0 0 PAT MITCHELL NEW YORK DIRECTOR 303 PARK AVE SOUTH NY 10010 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(A) Nar	ne and address	(B) Title and average hours per week devoted to position	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances	
PAT MITCHELL 303 PARK AVE SOUTH NY 10010 DIRECTOR 0 0 0 0	EVE ENSLER	NEW YORK	PRESIDENT			
303 PARK AVE SOUTH NY 10010 0 0 0	303 PARK AVE SOUTH	NY 10010	0	0	0	0
	PAT MITCHELL	NEW YORK	DIRECTOR			
	303 PARK AVE SOUTH	NY 10010	0	0	0	0
			, ,]
			1			
						<u></u>
					·	
						ł
				·		
			-	~		

orm	990 (2007)	V-DAY	94-3389	430			Р	age 6
Pa	rt V-A	Current Officers, Directors, Trustees, and Key Emp	oloyees (continued)				Yes	No
75a	Enter the to	otal number of officers, directors, and trustees permitted to vote on org	ganization business at bo	ard		1		
	meetings		•					
b		icers, directors, trustees, or key employees listed in Form 990, Part V		ed				
		listed in Schedule A, Part I, or highest compensated professional and				- 1		
		listed in Schedule A, Part II-A or II-B, related to each other through fa			İ	75b	1	X
	relationship	os? If "Yes," attach a statement that identifies the individuals and expl	ains the relationship(s)			755		
С	Do any offic	cers, directors, trustees, or key employees listed in Form 990, Part V-	A. or highest			- 1		
•	•	ed employees listed in Schedule A, Part I, or highest compensated pi	-			- 1		
	•	nt contractors listed in Schedule A, Part II-A or II-B, receive compensation				1		
		ns, whether tax exempt or taxable, that are related to the organization		•		1		
	the definition	on of "related organization"				75c		X
	If "Yes," att	ach a statement that includes the information described in the instruc	tions				37	
		rganization have a written conflict of interest policy?				75d	X	<u> </u>
Pa	rt V-B	Former Officers, Directors, Trustees, and Key Emp	loyees That Receiv	ed Compe	nsation or Ut	ner i	sene	etits et
		(If any former officer, director, trustee, or key employee received co				year,	กระเกล	al
		person below and enter the amount of compensation or other benef	its in the appropriate colu	(C) Compensation	(D) Contributions to	(E	Expe	ense
		(A) Name and address	(B) Loans and Advances	(if not paid, enter -0-)	employee benefit plans & deferred compensation plans	acco	unt and	dother
			-	Chich-07	Compensation plans	† 		
IN/	.							
			· ·					
						1		
						_		
					ļ			
						+	-	
				 				
						-		
						+-		
						\top		
					Į	ł		
				<u> </u>			_	
Pa	rt VI	Other Information (See the instructions.)					Yes	No
		ganization make a change in its activities or methods of conducting ac	ctivities? If "Yes," attach a					
	detailed sta	atement of each change				76		X
77	Were any	changes made in the organizing or governing documents but not repo	orted to the IRS?			77	ļ	X
		tach a conformed copy of the changes						
78a	Did the org	ganization have unrelated business gross income of \$1,000 or more of	luring the year covered by	У			1	
	this return					78a 78b	├	X
b		as it filed a tax return on Form 990-T for this year?	- 4b 10 16 110/aa 11 attac	. L		700	 	-
79		a liquidation, dissolution, termination, or substantial contraction during	g the year? If "Yes," attac	n		79	1	x
00	a statemer		vide organization) through	n			1	1 =
80a		anization related (other than by association with a statewide or nation nembership, governing bodies, trustees, officers, etc., to any other ex		•				
	organization		empt of honexempt			80a	1	x
ь	-	nter the name of the organization						
J	103, 61		ck whether it is 🔲 exer	npt or 🔲 no	nexempt		1	
81a	Enter direc	ct and indirect political expenditures (See line 81 instructions)	,	81a	0			
b		ganization tile Form 1120-POL for this year?				81b	1	X
						For	m 99 (0 (2007

	990 (2007) V-DAY 94-3389	<u>430</u>		P	age 7
· _ Pa	art VI, Other Information (continued)			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge				
	or at substantially less than fair rental value?		82a	x	ĺ
b	If "Yes," you may indicate the value of these items here. Do not include this				
	amount as revenue in Part I or as an expense in Part II.				ĺ
		12b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications	3?	83a	x	ĺ
b	Did the organization comply with the disclosure requirements relating to guid pro quo contributions?		83b	х	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions o	r			
	gifts were not tax deductible?	N/A	84b		ĺ
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization				
	received a waiver for proxy tax owed for the prior year.				
С	Dues, assessments, and similar amounts from members	35c			ĺ
ď	_	5d			ł
е		35e			
f	· · · · · · · · · · · · · · · · · · ·	15f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		ĺ
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85				
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the				į
	following tax year?	N/A	85h		ĺ
86	501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12	6a			
b	_	16b		. 1	ĺ
87	501(c)(12) orgs Enter a Gross income from members or shareholders	7a			
b	Gross income from other sources (Do not net amounts due or paid to other			. 1	ĺ
	sources against amounts due or received from them)	7b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			. 1	ĺ
	partnership, or an entity disregarded as separate from the organization under Regulations sections				
	301 7701-2 and 301 7701-3? If "Yes," complete Part IX		88a		X
þ	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the				
	meaning of section 512(b)(13)? If "Yes," complete Part XI	>	88b		X
89a	501(c)(3) organizations Enter. Amount of tax imposed on the organization during the year under	0			ĺ
_	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 504(5)(4) and 504(5)(4) are Did the arrangement of the section 4950 ▶	0			
D	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction				
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach		89b		x
	a statement explaining each transaction Enter Amount of tax imposed on the organization managers or disqualified		990		
·	persons during the year under sections 4912, 4955, and 4958	▶ 0			ĺ
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	0			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	_	1		l
•	transaction?		89e		x
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance cont	ract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the				
•	supporting organization, or a fund maintained by a sponsoring organization, have excess business holding	ıs			ĺ
	at any time during the year?	,-	89g		х
90a	List the states with which a copy of this return is filed CA, NY				
b	Number of employees employed in the pay period that includes March 12, 2007 (See				
	instructions)	90ь			
91a	The books are in care of BRIAN WALSH	Telephone no ▶ 212-	924	-12	29
	303 PARK AVE SOUTH				
	Located at ► NEW YORK, NY	ZIP+4 ► 10010			
b	At any time during the calendar year, did the organization have an interest in or a signature or other author	nty			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		لــــ	Yes	No
	account)?		91b		X
	If " Yes," enter the name of the foreign country				ĺ
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				
	and Financial Accounts		Щ		(2007
				. uun	

Form	1 9 <u>90</u> (2007) V-DAY			94-33	38943	0			Page 8
Pa	art VI, Other Information (continued)						•	Yes	
c	At any time during the calendar year, did the organization	n maintain a	n office ou	tside of the United Sta	etes?		91c		
	If "Yes," enter the name of the foreign country > Eg	ypt							
92	Section 4947(a)(1) nonexempt chantable trusts filing For	m 990 in lie	u of Form	1041—Check here					▶ [
_	and enter the amount of tax-exempt interest received or	accrued du	nng the tax	year		▶ 92			_
Pa	art VII Analysis of Income-Producing A				·				
Note	: Enter gross amounts unless otherwise			d business income	Excluded	I by section 512, 513, or 514		(E)	
ındıc				j 				(E) lated or	
93	Program service revenue	Bus	(A) siness code	(B) Amount	(C) Exclusion code	(D) Amount		pt funct icome	ion
а	WORLD WIDE CAMPAIGN PROGRAM	м 🗀			1				375
b	COLLEGE CAMPAIGN PROGRAM				1				746
c		_	_	**					
d		— <u> </u>							
e					 				
	Medicare/Medicaid payments	— <u> </u>			 				
' ~	• •	<u> </u>			 			_	
g 94	Fees and contracts from government agencies Membership dues and assessments				 				
	•	<u> </u>			 				163
95	Interest on savings and temporary cash investments		_		 		_		103
96	Dividends and interest from securities	-							
97	Net rental income or (loss) from real estate								
a	debt-financed property	-		<u></u>	├ ──	·			
b	not debt-financed property	<u> </u>			 				
98	Net rental income or (loss) from personal property	⊢			 			_	
99	Other investment income	 			<u> </u>				
100	Gain or (loss) from sales of assets other than inventory	<u> </u>			<u> </u>				
101	Net income or (loss) from special events	<u> </u>			<u> </u>				
102	Gross profit or (loss) from sales of inventory	<u> </u>			ļ				
103	Other revenue: a				ļ. — —				
b	SPECIAL EVENTS				ļ		1,3	42,	981 109
c.	SALES OF INVENTORY	_			<u> </u>			_4,	109
d									
е									
104	Subtotal (add columns (B), (D), and (E)))	0	1,6	<u>73,</u>	374 374
105	Total (add line 104, columns (B), (D), and (E))					-	1,6	<u>73,</u>	374
<u>Note</u>	: Line 105 plus line 1e, Part I, should equal the amount on	li <u>ne</u> 12, Pa	rt I						
Pa	art VIII Relationship of Activities to the A	ccompli	ishment	of Exempt Purp	oses (S	ee the instruction	s.)		
Li	ine No. Explain how each activity for which income is								
	▼ of the organization's exempt purposes (other								
N,	/A								
					_			_	
			_						
Pa	art IX Information Regarding Taxable S	ubsidiar	ies and	Disregarded Ent	ities (Se	ee the instructions	s.)		
	(A) (B			(C)		(D) Total income		E)	
ľ	Name, address, and ÉIN of corporation, Percent partnership, or disregarded entity ownership	age of Interest	\ \ \ \ \	Nature of activities		l otal income		of-yea sets	r
	N/A	%	 	······································					
		%		-					
			,		-				
		%				——— —		_	
	art X Information Regarding Transfers			Personal Panas	it Contr	acte (See the inc	truction	e 1	
_									Z A1-
•	a) Did the organization, during the year, receive any fund	-				Denenii contract/	\neg	- 1	
	b) Did the organization, during the year, pay premiums, d	-	uirectly, on	a personal benefit co	niracty		י ט	es 2	K No
	Note: If "Yes" to (b), file Form 8870 and Form 4720 (see in	structions)						" <u>aa</u>	(2007)
							гоп	11 331	# (ZUU/)

VDAY 08/14/2010 6 52 PM						
Form 990 (2007) V-I			94-3389430			age 9
			ed Entities. Complete only if	the organization	'n	
	ontrolling organization as	defined in section 512(b)(13).		Yes	No
106 Did the reporting of	organization make any transfers	to a controlled entity as defined in	section 512(b)(13) of		-130	
the Code? If "Yes,	" complete the schedule below	for each controlled entity				X
Nor	(A) ne, address, of each	(B) Employer ID	(C) Description of		(D)	
2	controlled entity	Number	transfer	Amount	of trai	nsfer
а						
						
ь				1		
С						
						
	Totals			1		
					Yes	No
		rs from a controlled entity as define				
512(b)(13) of the 0		nedule below for each controlled en				<u> </u>
Nan	(A) ne, address, of each	(B) Employer ID	(C) Description of		D)	
•	controlled entity	Number	transfer	Amount	of trai	nsfer
					_	
а				}		
						
ь				ļ		
	<u> </u>					
				Ì		
c						
<u></u>	-					
	Totals					
_	 -				Yes	No
•	•	ct in effect on August 17, 2006, cov	ering the interest,		ĺ	ı
	d annuities described in question		ying schedules and statements, and to the b	est of my knowledge		
Please	Tistrue, correct, and complete Decla	ration of preparer (other than officer) is be	ased on all information of which preparer ha	as any knowledge		

Sign Signature of officer
SUSAN C. SWAN Here

Preparer's signature

Manc Date

EXECUTIVE DIRECTOR

Paid Preparer's **Use Only**

Type or print name and title

Brian Walsh EA

ate Check if self-employed Date

► X

Preparer's SSN or PTIN (See Gen Instr X) P00376697

Firm's name (or yours ıf self-employed), address, and ZIP + 4

PO Box 432 Hohokus, NJ

07423

EIN Phone no ▶ 845-368-2567

Form **990** (2007)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

2007

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Name of the organization **Employer identification number** V-DAY 94-3389430 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours empl benefit plans & deferred comp (c) Compensation account and other than \$50,000 per week devoted to position allowances HIBAAQ OSMAN ALEXANDRIA SPECIAL REP 5820 CLAPHAM ROAD VA 22315 99,192 0 CECILE LIPWORTH SANTA FE WW CAMP DIR. 121 MICHELE DRIVE NM 87501 98,935 SHAEL NORRIS BRONX CC DIR. 293 WILLIAM AVE NY 10464 74,312 0 AMY SQUIRES BROOKLYN WEB DIR. 192 N HENRY STREET 3RD FL NY 11222 62,698 0 TONY MONTENIERI BROOKLYN ADMIN 178 CLINTON STREET #2F NY 11701 59,792 Total number of other employees paid over \$50,000 ▶ 6 Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation BUDDHA FILMS MOUNT VERNON 17 BERTEL AVE NY 10550 FILM PRODUCER 385,774 MELCHIOR PRODUCTIONS NEW YORK 65 E 76 STREET 10021 EVENT PRODUCER NY 188,137 SWAN LLC SAN FRANCISCO 894 GUERRERO STREET 94110 PUBLIC RELATION 146,960 CABIN CREEK CENTER NEW YORK 270 LAFAYETTE STREET NY 10012 FILM PRODUCER 100,000 **EVENT PRODUCERS** HARAHAN 5724 SALMEN STREET EVENT PRODUCERS LA 70123 92,245 Total number of others receiving over \$50,000 for professional services 0 Compensation of the Five Highest Paid Independent Contractors for Other Services Part II-B (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over

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

Schedule A (Form 990 or 990-EZ) 2007

\$50,000 for other services

Schedule A (Form 990 or 990-EZ) 2007

Pa	art l'	V' Reason for Non-Private Found	ation Status (See բ	pages 4 through 8	of the instr	uctions.)				
l cer	tify th	nat the organization is not a private foundation be A church, convention of churches, or association			box.)					
6		A school Section 170(b)(1)(A)(II) (Also comple	te Part V)							
7		A hospital or a cooperative hospital service orga	anization Section 170(b)	(1)(A)(III).						
8		A federal, state, or local government or government	mental unit Section 170(t	b)(1)(A)(v)						
9		A medical research organization operated in co	njunction with a hospital	Section 170(b)(1)(A)(III). Enter the ho	ospital's name, c	city,			
		and state ▶								
10		An organization operated for the benefit of a col (Also complete the Support Schedule in Part IV	=	or operated by a gover	nmental unit S	Section 170(b)(1)	(A)(ıv).			
11a	X	An organization that normally receives a substa 170(b)(1)(A)(vi) (Also complete the Support So		om a governmental unit	or from the ge	neral public Sec	ction			
11b		A community trust Section 170(b)(1)(A)(vi) (Als	so complete the Support	Schedule in Part IV-A.	.)					
12	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule in Part IV-A.)									
13		An organization that is not controlled by any discrequirements of section 509(a)(3) Check the box				vise meets the				
		Type I Type II	Type III-Functionally Inte	egrated Typ	e III-Other					
	_	Provide the following inform	ation about the support	ted organizations. (Sec	e page 8 of the	instructions.)				
		(a)	(b)	(c)	(0		(e)			
		Name(s) of supported organization(s)	Employer	Type of	Is the su		Amount of			
		.,	identification	organization	organizatio	on listed in	support			
			number (EIN)	(described in lines	_	porting				
				5 through 12	organiz					
				above or IRC	governing of					
				section)	governing	iocuments.				
	_				Yes	No				
							· · · · · · · · · · · · · · · · · · ·			
							<u></u>			
										
Tota						>				
14	П	An organization organized and operated to test	for public safety Section	s 509(a)(4). (See page 8	3 of the instruct	tions.)				

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting (d) 2003 (b) 2005 Calendar year (or fiscal year beginning in) (a) 2006 (c) 2004 (e) Total Gifts, grants, and contributions received (Do 1,452,988 1,134,503 1,508,398 1,457,204 5,553,093 not include unusual grants. See line 28) 16 Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the 335,843 401,201 210,084 703,073 1,650,201 organization's chantable, etc., purpose 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the 400 842 737 1,190 3,169 organization after June 30, 1975 19 Net income from unrelated business 0 activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on 0 its behalf 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the 0 public without charge Other income Attach a schedule Do not include gain or (loss) from sale of capital assets 1,719,219 1,789,231 1,536,546 2,161 23 Total of lines 15 through 22 1,458, 1,453,388 1,135,345 1,509,135 394 5,556,262 Line 23 minus line 17 17,192 17,892 15,365 21. 615 25 Enter 1% of line 23 111. Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26a b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the 5,441,968 Þ 26b amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts 5,556,262 c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ 26c d Add Amounts from column (e) for lines 18 5,445,137 26b 26d 111,125 26e e Public support (line 26c minus line 26d total) 2.0000% 26f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." N/A Do not file this list with your return. Enter the sum of such amounts for each year. (2004)(2003)(2005)b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess N/A amounts) for each year (2004)(2003)(2006)Add. Amounts from column (e) for lines 27d Add Line 27a total and line 27b total 27e Public support (line 27c total minus line 27d total) Total support for section 509(a)(2) test: Enter amount from line 23, column (e) 27g g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Schedule A (Form 990 or 990-EZ) 2007 V-DAY

Part V Private School Questionnaire (See page 9 of the instructions.)

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, N/2	1	Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			ĺ
	that makes the policy known to all parts of the general community it serves?	31		ļ
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	1		1
	basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			1
	with student admissions, programs, and scholarships?	32c		├ ──
đ	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		ļ
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to.			
а	Students' rights or privileges?	33a	_	
þ	Admissions policies?	33b		
_	Employment of faculty as advantation at #22			1
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		<u> </u>
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		<u> </u>
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		1

Schedule A (Form 990 or 990-EZ) 2007							<u>8943(</u>)Page 6
	ditures by Electin							
. ["]	d ONLY by an eligi					N/A		
Check ▶ a if the organization be	ongs to an affiliated grou	ıp Check	b 1	you che	ecked "a" and (a		ed control	" provisions apply (b)
	on Lobbying Exper				Affiliated tota			To be completed for all electing organizations
	ditures" means amounts			 			[_	
36 Total lobbying expenditures to influence				36				
37 Total lobbying expenditures to influence	• • • • • • • • • • • • • • • • • • • •	ect lobbying)		37				
38 Total lobbying expenditures (add lines39 Other exempt purpose expenditures	30 and 37)			38				
40 Total exempt purpose experioritures (a	dd lines 38 and 30\			40				
41 Lobbying nontaxable amount Enter th	· ·	una table-		40				
If the amount on line 40 is-		ontaxable amount is-						
Not over \$500,000	20% of the amount		٦					
Over \$500,000 but not over \$1,000,000		of the excess over \$500,	000					
Over \$1,000,000 but not over \$1,500,000		of the excess over \$1,00		41			•	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% o	f the excess over \$1,500,	000			·		
Over \$17,000,000	\$1,000,000							
42 Grassroots nontaxable amount (enter	25% of line 41)			42				
43 Subtract line 42 from line 36. Enter -0-	If line 42 is more than lin	ne 36		43				
44 Subtract line 41 from line 38 Enter -0-	If line 41 is more than lin	ne 38		44				
Caution: If there is an amount on either			1 0 4	504	/r. \			
(0,		aging Period Un						
(Some organiza	tions that made a section					column	s below.	
	See the instructions for	r lines 45 through 50 i	on page_13 c	n the ms	tructions)		-	
		Lobbying Exp	enditures D	uring 4-	Year Averag	ing Pei	riod 	
Calendar year (or	(a)	(b)	(0	c)		(d)		(e)
fiscal year beginning in)	2007	2006	20	05		2004		Total
45 Lobbying nontaxable amount			Ì					
46 Lobbying ceiling amount (150% of			<u> </u>					
line 45(e))								
47 Total lobbying expenditures								
48 Grassroots nontaxable amount								
49 Grassroots ceiling amount (150% of			ļ					
line 48(e))								
		<u> </u>						
50 Grassroots lobbying expenditures			<u> </u>		\			
	ty by Nonelecting						<i>.</i>	
	ly by organizations) (See pag	e 14	of the i	nstructions.) N/A
During the year, did the organization attern	•	_	_	any		Yes	No	Amount
attempt to influence public opinion on a leg	gislative matter or referer	ndum, through the use	e or:			<u> </u>	- 	
a Volunteers	romocootina ia ovenance	o roportod on linea a	through h \			-		
 b Paid staff or management (Include of Media advertisements) 	ompensation in expense	s reported on lines c	unougn n.)			 	\vdash	
d Mailings to members, legislators, or	the nublic					<u> </u>	 	
e Publications, or published or broadc								
f Grants to other organizations for lob							 	
g Direct contact with legislators, their	= :	ils, or a legislative boo	lv					
h Rallies, demonstrations, seminars, o	=	-						············
i Total lobbying expenditures (Add lin	· ·	, ,	- -					
If "Yes" to any of the above, also atta		detailed description of	f the lobbyin	g activit	ies			
						chadu	lo A /For	m 990 or 990-E7) 200

		990 or 990-EZ) 2007	V-DAY		94-3389430)		Page 7
Pa	ırt VII				ns and Relationships With Noncharit	able		
51	Did the rend			ee page 14 of the instruction	ns.) with any other organization described in section			
				b) organizations) or in section 527, i	· · · · · · · · · · · · · · · · · · ·			
а				nonchantable exempt organization			Yes	No
	(i) Cash			, , , , , , , , , , , , , , , , , , ,		51a(i)		X
	(ii) Other	assets		•		a(ii)		X
b	Other transa	actions:						
	(i) Sales	or exchanges of asset	s with a non-	charitable exempt organization		b(i)		X
		ases of assets from a r		· •		b(ii)	<u> </u>	X
		il of facilities, equipmen		ssets		b(iii)	<u> </u>	X
		oursement arrangemen	nts			b(iv)	├—	X
		or loan guarantees				b(v)	 	X
•				or fundraising solicitations		b(vi)	 	X
c d			-	her assets, or paid employees	In (b) should always show the fair market value of	 tho		<u> </u>
ŭ		-		•	ation received less than fair market value in any	uie		
				lumn (d) the value of the goods, ot				
	(a)	(b)		(c)	(d)			
	Line no	Amount involved	Name o	f nonchantable exempt organization	Description of transfers, transactions, and shan	пд аптапдет	ents	
N/I	A							
			ļ					
			<u> </u>					
			ļ					
—							_	
			 					
			 				_	
		<u> </u>						
					 			
			 				_	
	-						_	
_								
	described in		Code (other t	than section 501(c)(3)) or in section		► Y	es [X No
		(a)		(b) Type of organization	(c) Description of relationship			
	N/A	Name of organization		Type of organization	Description of relationship			
	V/A				 			
				 		_	-	
		-						
			_	· · · · · · · · · · · · · · · · · · ·				
								
				ì				

4562-F

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization

See separate instructions.

(Including Information on Listed Property)

Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No

Identifying number V-DAY 94-3389430 Business or activity to which this form relates Indirect Depreciation Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 125,000 Maximum amount. See the instructions for a higher limit for certain businesses. 2 2 Total cost of section 179 property placed in service (see instructions) 500,000 3 Threshold cost of section 179 property before reduction in limitation 3 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-, If married filing separately, see instructions (b) Cost (business use only) (c) Elected cost (a) Description of property 6 7 7 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562 10 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service during 749 14 the tax year (see instructions) 15 15 Property subject to section 168(f)(1) election 4.585 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 0 17 17 MACRS deductions for assets placed in service in tax years beginning before 2007 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2007 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery (f) Method (e) Convention (a) Depreciation deduction (a) Classification of property year placed in (business/investment use period only-see instructions) service 19a 3-year property 200DB 820 4,098 5.0 HY b 5-year property 7-year property d 10-year property 15-year property 20-year property S/L 25-year property 25 yrs 27 5 yrs MM S/L Residential rental property MM S/L 27 5 yrs MM S/L Nonresidential real 39 yrs. property MM Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs S/I b 12-year 40-year MM S/L 40 vrs С Summary (see instructions) Part IV 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 22 6,154 Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

For Paperwork Reduction Act Notice, see separate instructions.

VDAY V-DAY 94-3389430 FYE: 6/30/2008

Federal Statements

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
Expenses	\$ \$		\$ \$	
OUTSIDE CONSULTANTS	525,455	367,819	109,091	48,545
ADVERTISING & OUTREACH	181,234	126,864	36 , 247	18,123
INTERNET EXPENSES	48,765	34,136	9,753	4,876
FILM & VIDEO PRODUCTION	158,900	111,230	31,780	15,890
COMPUTER EXPENSES	14,041	9,829	2,808	1,404
INSURANCE	25,139	17,597	5,028	2,514
OTHER	25,402	17,781	5 , 080	2,541
PRINTING & DISTRIBUTION	26,365	18,455	5,273	2,637
DESIGN & PRODUCTION	18,186	12,730	3 , 637	1,819
DUES & SUBSCRIPTION	5,000	3,500	1,000	500
Total	\$ 1,028,487 \$	719,941	\$ 209,697 \$	98,849

VDAY V-DAY 94-3389430 FYE: '6/30/2008

Federal Statements

8/15/2010 12:33 AM

Statement 5 - Form 99	Λ Daw IV/ Lina 57	7 Iand Duildings	and Equipment
- Statement 5 - Form 98	u. Part IV. Line 37	· Lanu. bunumus.	. and Eduloment

Description		Beginning of Year		Accum Depr		End of Year		Accum Depr	
	\$	79,542	\$	67,889	\$_	84,388	\$_	73,144	
Total	\$	79,542	\$_	67,889	\$_	84,388	\$_	73,144	

Statement 6 - Form 990, Part IV, Line 58 - Other Assets

Description	Be	End of Year			
OTHER ASSETS	\$	8,421	\$	0	
Total	\$	8,421	\$	0	

Statement 7 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year		
ARTISTIC DIRECTOR LOAN	\$ 200,000	\$(<u>2</u>	
Total	\$ 200,000	\$(<u>2</u>	

VDAY V-DAY 94-3389430 FYE: 6/30/2008

Federal Statements

8/15/2010 12:33 AM

Statement 8 - Form 990, Part VI, Line 82b - Donated Services

Description	Amount
VDAY FOUNDER AND PRESIDENT DONATED ESTIMATED 1,500 HOURS TO VDAY DURING THE FISCAL YEAR THAT ENDED JUNE 30, 2007 THOUSANDS OF PEOPLE AROUND THE WORLD INCLUDING COMMUNITY ORGANIZERS, COLLEGE STUDENTS AND CELEBRITIES VOLUNTEERED THEIR TIME TO VDAY'S WORLD WIDE AND COLLEGE INITIATIVES AND SPECIAL EVENTS. IT IS ANTICIPATED THAT THE VALUE OF SUCH VOLUNTEER TIME IS VERY SIGNIFICANT. LOTUS PRODUCTIONS OWNED BY EVE ENSLER, PROVIDES FREE OFFICE SPACE AND USE OF OFFICE EQUIPMENT IN NEW YORK CITY TO VDAY. IT IS ANTICIPATED THAT THE VALUE OF THE DONATED OFFICE SPACE AND SERVICE IS SIGNIFICANT.	\$
Total	\$ 0

VDAY V-DAY 94-3389430

FYE: 6/30/2008

Federal Asset Report Form 990, Page 1

08/15/2010 12:33 AM

<u>Asset</u>	Description	Date In Service	Cost	Bus 	Sec 179Bonus	Basis for Depr	<u>Per</u>	Conv Meth	Prior	Current
<u>5-vear</u> 26 27 28	CGDS Property: LAPTOP #1 T.M LAPTOP #2 C.L. LAPTOP #3 P.P	10/15/07 12/12/07 2/15/08	1,768 1,580 1,499 4,847		х .	1,768 1,580 750 4,098	5	HY 200DB HY 200DB HY 200DB	0 0 0 0	354 316 899 1,569
Other 1 14 15 16 17 18 19 20 21 22 23 24 25	Depreciation: DESK/FILE/PHONES (2) DELL COMPUTER COMPUTER LAPTOP PRINTER POWERBOOK POWERBOOK COMPUTER COMPUTER COMPUTER COMPUTER COMPUTER COMPUTER OFFICE FURNITURE COMPUTER Total Other Depreciation	7/25/01 9/12/03 1/31/04 1/31/04 7/31/03 6/30/04 6/30/04 2/28/04 9/30/04 1/31/05 4/30/05 11/30/05 7/30/05	1,167 2,659 1,778 2,948 1,057 2,306 3,185 3,515 7,500 1,672 1,191 5,278 2,437 36,693			1,167 2,659 1,778 2,948 1,057 2,306 3,185 3,515 7,500 1,672 1,191 5,278 2,437	3 3 3 3 3 3 3 3 7	MO S/L MO S/L	988 2,659 1,778 2,948 1,057 2,306 3,185 3,515 5,125 1,393 993 1,131 1,218 28,296	166 0 0 0 0 0 0 0 2,375 279 198 754 813
	Total ACRS and Other Depre	ciation	36,693			36,693			28,296	4,585
-	Grand Totals Less: Dispositions Less: Start-up/Org Expensed Net Grand Totals		41,540 0 0 41,540		· :	40,791 0 0 40,791	-		28,296 0 0 28,296	6,154 0 0 - 6,154