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Form 990

Department of the Treasury

Return of Organization Exempt From Income Tax

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

The organization may have to use a copy of this return to satisfy state reporting requirement

OMB No 1545-0047 2008 Open to Public

	_	nai Revenue Serv			=1118	Inspection
	<u>A</u>	For the 2008 ca	lendar year, or tax year beginning 7/01/08, and ending 6/30/09			
	B (Check if applicable	Please C Name of organization use IRS	10) Emplo	oyer identification number
	\bigsqcup_{i}	Address change	label or V-DAY			0000400
	ا 📗	Name change	print or Doing Business As		94-	-3389430
	$\bar{\sqcap}$	nitial return	type Number and street (or P O box if mail is not delivered to street address)			none number
	\equiv		See 303 PARK AVE SOUTH	1184	212	2-924-1229
	Π.	Termination	Instruc- City or town, state or country, and ZIP + 4	٥	Gross rece	eipts \$ 5,658,993
	\bigsqcup_{i}	Amended return	tions NEW YORK NY 10010			
	\prod_{i}	Application pending	F Name and address of principal officer	t-	(a) Is this	a group retum for
	_	,,	SUSAN SWAN	 -	affiliate	₉₅ ?
			303 PARK AVE SOUTH	1*	(b) Are all include	affiliates Yes No
			NEW YORK NY 10010		If "No,	attach a list (see instructions)
	1	Tax-exempt statu	s X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527			
	J	Website 🕨 V	www.vday.org	H	i(c) Group	exemption number
	ĸ	Type of organization	X Corporation Trust Association Other ► L Y	ear of formation 20	01	M State of legal domicilo CA
	Р	art I Sı	ummary	_		
			escribe the organization's mission or most significant activities:			
			END VIOLENCE AGAINST WOMEN AND GIRLS			
	JC					
	nar					
	ver) Charleth	us have No. 1 fishe assessments a descentioned to assessment or disposed of more than 26	EO/ of its seests		
	တ္တ	2 Check th		o% of its assets	1.1	17
	<u>مخ</u>		of voting members of the governing body (Part VI, line 1a)		3	15
	ties		of independent voting members of the governing body (Part VI, line 1b)		4	8
	Activities & Governance		mber of employees (Part V, line 2a)		5	
	Ac	6 Total nur	mber of volunteers (estimate if necessary)		6	
		_	ss unrelated business revenue from Part VIII, line 12, column (C) EIVED		7a	
		b Net unre	tions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g)	Dries Vess	7b	0
		0	tions and grants (Part VIII, line 1h)	Prior Year 3,550	8/10	5,284,768
	ne	ľ	tions and grants (Part VIII, line 1h)		,121	294,810
	Revenue			320	163	14,015
	Ŗ		ent income (Part VIII, column (A), lines 3, 4, and 7d) OGDEN, U	1,347		65,400
			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
			renue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,224		5,658,993 1,290,351
			nd similar amounts paid (Part IX, column (A), lines 1-3)	910	,213	1,290,331
			paid to or for members (Part IX, column (A), line 4)	E #1	411	672 406
	ės		other compensation, employee benefits (Part IX, column (A), lines 5–10)		,411	672,406
	eus		onal fundraising fees (Part IX, column (A), line 11e)			51,518
	Expenses		draising expenses (Part IX, column (D), line 25) ► 246, 352	7 414	110	1 206 700
2011	ш		penses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,414		1,326,729
~		-	penses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,571		3,341,004
4			less expenses Subtract line 18 from line 12	2,652		2,317,989 End of Year
0	ts or		(Dad V Lag 40)	Beginning of Y		5,079,427
JAN	sse Bala		sets (Part X, line 16)			
\Rightarrow	Net Assets		pilities (Part X, line 26)		,836 401	42,890
Ω			ts or fund balances Subtract line 21 from line 20	2,722	, 4UI	5,036,537
回	<u> </u>		gnature Block			
SCANNED		Un	der penalties of perjury, I declare that I have examined this return, including accompanying schedules and I belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all informa	f statements, and to a	the best of er has anv	my knowledge knowledge
ð				addit of trillori propare	رها ساها	
ပွ	Sig		21811 (8)		<u> </u>	15/10
U)	Hei	re 🏲	Signature of officer		Date	•
				TIVE DIRE	CTOR	
			Type or print name and title			Description of the later
	D-:	ا Pre	eparer's Date	Check ifself	r =	Preparer's identifying number (see instructions)
	Pai		nature————————————————————————————————————	L/10 employed	► X	P00376697
		parer's	m's name (or yours) Brian Walsh EA		EIN	>
	USG L.	7 OM 11 7 X	m's name (or yours elf-employed),		Phone	
	1		dress, and ZIP + 4 Hohokus, NJ 07423			845-368-2567

May the IRS discuss this return with the preparer shown above? (see instructions)

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

X Yes

1,290,351) (Revenue \$

(Must equal Part IX, Line 25, column (B))

Form 990 (2008)

(Expenses \$

4e Total program service expenses ► \$

2,673,284 including grants of \$

2,673,284

Form 990 (2008) V-DAY
Part IV Checklist of Required Schedules

	attiv 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		x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	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? If "Yes," complete			
	Schedule C, Part II	4	ł	x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
-6-	Did-the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete	J	J	
	Schedule D, Part I	6		<u>X</u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10_		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, VIII, IX, or X as applicable	11	_X_	
12	Did the organization receive an audited financial statement for the year for which it is completing this return		- {	37
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14b		X
15	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	140		
כו	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	-13		
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	x	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II'	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes." complete Schedule H	20		X
21	Did the organization report more than \$5,000 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 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23		_ <u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		i	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K If "No," go to question 25	24a_		<u>_x</u>
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	ů , · · · ·	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	_	j	v
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	251-	j	v
20	person from a prior year? If "Yes," complete Schedule L, Part I	25b	\dashv	_ <u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	26_		_ x _
27	_disqualified_person outstanding as of the end-of the organization's tax year? If "Yes;" complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	20		
.,	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	ĺ	X
	CONSTRUCTION CONTRIBUTION OF TO A POPULATION OF TO A STATE OF THE TOTAL CONTRIBUTION OF THE TOTA	<u> </u>		

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_P:	art IV Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee	Ę		
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"	İ		
	complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			1
	professional corporation) doing business with the organization? 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		l	}
	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			ļ
	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, Parts II,	}	ļ	ļ
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	1		
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related]])
	organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37_	<u>L</u> .	X

Form	990 (2008) V-DAY ·	94-3389430		F	Page 5
_ <u>Pa</u>	art V Statements Regarding Other IRS Filings and Ta	x Compliance			
	•		F	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and T	ransmittal of			Ī
	U.S. Information Returns Enter -0- if not applicable				‡
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applied				Ī
C	Did the organization comply with backup withholding rules for reportable p	ayments to vendors and reportable		v	ŧ
2-	gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Way				ŧ
h	Statements, filed for the calendar year ending with or within the year cover			x	ŧ
b	If at least one is reported on line 2a, did the organization file all required for Note. If the sum of lines 1a and 2a is greater than 250, you may be require		2b	1	├
	Instructions)————————————————————————————————————			~	ŧ
3a	Did the organization have unrelated business gross income of \$1,000 or n	nore during the year covered by			l
-	this return?	lore during the year covered by	3a	1	x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explana	tion in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest				
	over, a financial account in a foreign country (such as a bank account, sec	,	}	ł	}
	account)?	·	4a		X
b	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F	90-22 1, Report of Foreign Bank			
	and Financial Accounts				•
5a	Was the organization a party to a prohibited tax shelter transaction at any	time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a pr	ohibited tax shelter transaction?	5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclo	sure by Tax-Exempt Entity	ļ		
	Regarding Prohibited Tax Shelter Transaction?		5c		<u> </u>
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express state	ement that such contributions or			
	gifts were not tax deductible?		6b	ļ. —	<u> </u>
7	Organizations that may receive deductible contributions under section	* *			l
а	Did the organization provide goods or services in exchange for any quid p	ro quo contribution of more than	-		
	\$75?		7a	<u> </u>	X
b	If "Yes," did the organization notify the donor of the value of the goods or s		7b	ļ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal to the form 20000	onal property for which it was			x
	required to file Form 8282?	7d	7c	ļ	^
d	If "Yes," indicate the number of Forms 8282 filed during the year				l
е	Did the organization, during the year, receive any funds, directly or indirect benefit contract?	try, to pay premiums on a personal	7e	1	x
f	Did the organization, during the year, pay premiums, directly or indirectly,	on a norsonal hanefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization f	•	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization	•	<u> </u>		
••	required?		7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining dor	or advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a				l
	organization, have excess business holdings at any time during the year?	. , -	8	}	X
9	Section 501(c)(3) and other sponsoring organizations maintaining dor	or advised funds.			
а	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or relat	ed person?	9ь		X
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			I
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of c	lub facilities 10b			
11	Section 501(c)(12) organizations. Enter	1 1			I
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other	_			
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts-is the organization film	• I	12a	ļ	ļ
<u>b</u> _	If "Yes," enter the amount of tax-exempt interest received or accrued during	g the year 12b			<u> </u>

, Form 990 (2008) V-DAY

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management					
	nony, coverning body and management				Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 o	r 9b below, describe the				
	circumstances, processes, or changes in Schedule O See instructions	1	1			
1a	Enter the number of voting members of the governing body	1a	17			
b	Enter the number of voting members that are independent	1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a b	usiness relationship with	_			
	any other officer, director, trustee, or key employee?			2		<u>X</u>
3	Did the organization delegate control over management duties customarily perform	ned by or under the direct				
	supervision of officers, directors or trustees, or key employees to a management of	company or other person?		_3		X
4	Did the organization make any significant changes to its organizational documents	since the prior Form 990 w	as filed?	4		X
5	Did the organization become aware during the year of a material diversion of the o	rganization's assets?		_5		X
6	Does the organization have members or stockholders?			_6		X
7a	Does the organization have members, stockholders, or other persons who may ele	ect one or more members				
	of the governing body?			7a		X
b	Are any decisions of the governing body subject to approval by members, stockho	lders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written as	ctions undertaken during				
	the year by the following					
а	The governing body?			_8a	X	
b	Each committee with authority to act on behalf of the governing body?			_8b_	X	
9a	Does the organization have local chapters, branches, or affiliates?			9a		X
b	If "Yes," does the organization have written policies and procedures governing the	activities of such chapters,		l	1	
	affiliates, and branches to ensure their operations are consistent with those of the	organization?		9b		
10	Was a copy of the Form 990 provided to the organization's governing body before	it was filed? All organizatio	ns	ļ		
	must describe in Schedule O the process, if any, the organization uses to review t	he Form 990		10		<u> </u>
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A	A, who cannot be reached a	t			
	the organization's mailing address? If "Yes," provide the names and addresses in	Schedule O		11		<u> </u>
Sec	tion B. Policies				_	
				Г	Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 1			_12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annuall	y interests that could give				v
	rise to conflicts?			_12b	-	<u>X</u>
С	Does the organization regularly and consistently monitor and enforce compliance	with the policy? If "Yes,"				v
	describe in Schedule O how this is done			12c		X
13	Does the organization have a written whistleblower policy?			13		X
14	Does the organization have a written document retention and destruction policy?			14		_
15	Did the process for determining compensation of the following persons include a r					
	independent persons, comparability data, and contemporaneous substantiation of	the deliberation and decision	on	ļ	1	v
a	The organization's CEO, Executive Director, or top management official?			15a	-	X
р	Other officers or key employees of the organization?			15b	-	
46	Describe the process in Schedule O (see instructions)	or omilar arrange				`
16a	Did the organization invest in, contribute assets to, or participate in a joint venture	or similar arrangement		140		x
	with a taxable entity during the year?	ization to avaluate		_16a		
b	If "Yes," has the organization adopted a written policy or procedure requiring the o					
	its participation in joint venture arrangements under applicable federal tax law, and	taken steps to saleguard		465		
<u></u>	the organization's exempt status with respect to such arrangements?			16b	l	
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed C2	·	3)c only)			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable		ajs uniy)			
	available for public inspection. Indicate how you make these available. Check all t	пат арріу				
40	Own website Another's website Upon request	mina dagumanta assitist st	interest			
19	Describe in Schedule O whether (and if so, how), the organization makes its gove	ming documents, contlict of	miterest			
20	policy, and financial statements available to the public	nanna tha baaka cad	a of the			
20	State the name, physical address, and telephone number of the person who posse					
), NTT	organization BRIAN WALSH EA	303 PARK AVE SO	L0010	212-92	4_1	229
N	W YORK	NI_	FOOTO	212-92		(2000)

Form 990 (2008) V-DAY

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

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

- 1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ————List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(B)	T							(F)	
Average hours per week			Officer			p) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estmated amount of other compensation from the organization and related organizations
20	x		x				0	0	0
	+	 	-	_	-	\vdash			
	x						ol	0	0
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	_	_			_				
	(B) Average hours per week 20 10	(B) Average hours per week 20 X 10 X RTH	Average hours per week 20 X 10 X RTH	(B) Average hours per week Position (check or director institutional trustee) 20 X X RTH	Average hours per week Position (check all translations) Individual trustee	Average hours per week Position (check all that ap Highest compensated or director was a compensated which week week week week week week week wee	(B) Average hours per week Position (check all that apply) Former Officer Officer Officer Officer Officer Officer	(B) Average hours per week Position (check all that apply) Or director veek (C) Position (check all that apply) Or director veek (D) Reportable compensation from the employee employee employee employee ompensated (W-2/1099-MISC) 10 X X 0 RTH	(B) Average hours per week Or Co Position (check all that apply) Or Check all that apply Or Check all that a

(A)` Name and title	(B) Average		_	check		hat ap		(D) Reportable	(E) Reportable		nated	
	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	otl compe from organ and n	the zation	
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	,	<u> </u>	_		<u> </u>	_						
								,				
Ib. Tabel		<u> </u>				<u></u>		105,000				
 Total Total number of ind organization ► 1 	lividuals (including those in	1a) w	ho r	eceiv	ed r	nore	thar			L		
,											Yes	No
employee on line 1a For any individual li	n list any former officer, dire a? If "Yes," complete Sched isted on line 1a, is the sum	lule J of rep	for s	uch ble c	indiv	ridua ensa	l tion	and other compensation fro	om	3		x
individual Did any person liste	d related organizations greated on line 1a receive or acc	rue co	ompe	ensa	tion 1	from	any	unrelated organization for	ucn	4		<u>x</u>
services rendered t section B. Independent	o the organization? If "Yes, t Contractors	com	plete	Sch	edu	ie J f	or su	uch person		5	<u> </u>	X
Complete this table compensation from		ensate	ed in	depe	ende	nt co	ntra				(0)	
	(A) Name and business address							Descrip	(B) Juon of services		(C) ompensa	ation
			_								_	
												
			_									=
												
	ependent contractors (inclu	ding	those	e in 1) wh	o red	ceive	ed more than \$100,000 in				
compensation from	the organization >						,			<u> </u>	n 990	(2008

Form 990 (2008) V-DAY

Pa	rt VI	I `Statement of Rev	enue				(a) T		(D)
						(A) · Total revenue	(B) Related or	(C) Unrelated	Revenue
	•				İ		exempt function	business	excluded from tax under sections
							revenue	revenue	512, 513, or 514
ts ts	1a	Federated campaigns	1a						
E	b	Membership dues	1b			1			
g,ë	С	Fundraising events	1c			1			
ig a		Related organizations	1d						
S,E		Government grants (contributions)	1e	6	36,279	I			
is is		All other contributions, gifts, grants,				1			
토		and similar amounts not included above	1f	4.6	48,489	I			
들임	a_	Noncash contributions included in lines 1				~ - ~			• -
Se	_	Total. Add lines 1a-1f			•	5,284,768			
- e		Total: Add lines 14 11			Busn. Code				
e l	2a	WORLD WIDE CAMPAIG	N PRO	2RAM		154,520	154,520		
é	b	COLLEGE CAMPAIGN P				140,290	140,290		
8		COLLEGE CAMPAIGN P	ROGRA		ļ <u>- </u>				
اچ	C .								
Š	d								
<u>la</u>	e	All albanas			 				
Program Service Revenue Contributions, gifts, grants		All other program service rev	enue			294,810			
-		Total. Add lines 2a–2f			.	294,610			
	3	Investment income (including	gaivide	nos, interes	st, and	14,015	14,015		
		other similar amounts)				14,015	21,010		
		Income from investment of ta	ax-exen	ipt bona pro	oceeds 🚩				
	5	Royalties		T					
		(ı) Rea	<u> </u>	(II) P	ersonal				
	6a	Gross Rents		<u> </u>					
	b	Less rental exps		ļ					
	C	Rental inc or (loss)						•	
		Net rental income or (loss)			>				
	/a	Gross amount from sales of assets (i) Securi	ties	(u)	Other				
		other than inventory							
	b	Less cost or other							
		basis & sales exps							
	С	Gain or (loss)	_						
	d	Net gain or (loss)							
	8a	Gross income from fundraising ev	ents/						
<u>o</u>		(not including \$			1	į			
ent		of contributions reported on line 1	c)			I			
ě		See Part IV, line 18	-	<u>,</u>		1			
Other Revenue	h	Less direct expenses							
Ě		Net income or (loss) from fur	-		•	Ì			
U		Gross income from gaming activity		g overne					
	Ja	See Part IV, line 19		3		i			
		Less direct expenses		<u>, </u>					
		Net income or (loss) from ga	-			.,			
		, , ,	-	Cuvilles					
	iua	Gross sales of inventory, les		_					
	١.	returns and allowances		a					
		Less cost of goods sold		o [
	<u>c</u>	Net income or (loss) from sa		iventory	Busn. Code				
		Miscellaneous Rever	nue		Busii. Code	46,959	46,959		Ī
	11a	SPECIAL EVENTS							
	b	SALES OF INVENTORY				18,441	18,441	·	
	C				 				
	l .	-All-other-revenue				65,400			
	1	Total. Add lines 11a-11d		4 5 0	P	65,400			<u> </u>
	12	Total Revenue. Add lines 11	n, 2g, 3	4, 5, 6d, 7d		E 650 003	374,225	0	0
	1	9c, 10c, and 11e			▶_	5,658,993	314,223		·

Part IX Statement of Function

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must				· ·
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_ <u>7b</u>	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	620,924	620,924		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	336,000	336,000		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the]	1	
	U.S. See Part IV, lines 15 and 16	333,427	333,427		
4-	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	599,687	419,781	119,937	59,969
8	Pension plan contributions (include section 401(k)			J	
	and section 403(b) employer contributions)				
9	Other employee benefits	27,789	19,452	5,558	2,779
10	Payroll taxes	44,930	31,451	8,986	4,493
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	66,134	. 33,067	33,067	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	51,518			51,518
f	Investment management fees				·
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	31,058 147,354	18,000	13,058	·
17	Travel	147,354	103,148	29,471	14,735
18	Payments of travel or entertainment expenses		ł		
	for any federal, state, or local public officials				<u></u>
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,436	9,436		
23	Insurance				
				1	
24	Other expenses Itemize expenses not			1	
	covered above (Expenses grouped together			1	
	and labeled miscellaneous may not exceed			1	
	5% of total expenses shown on line 25 below)				
а	OUTSIDE CONSULTANTS	587,738	411,417	117,548	58,773
b	ADVERTISING & OUTREACH	232,785	162,950	46,557	23,278
С	TELECOMMUNICATIONS	64,559	45,191	12,912	6,456
d	INTERNET EXPENSES	59,306	41,514	11,861	5,931
е	OTHER	24,191	16,934	4,838	2,419
f	All other expenses	104,168	70,592	17,575	16,001
<u> 25</u>	Total functional expenses. Add lines 1 through 24f	3,341,004	2,673,284	421,368	246,352
26	Joint Costs. Check here Infollowing		1		
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				
DAA					Form 990 (2008)

V-DAY

Form 990 (2008)

Part X **Balance Sheet** (A) (B) Beginning of year End of year Cash-non-interest bearing 2,778,993 2,001,385 1 1,013,940 Savings and temporary cash investments 2 2,000,000 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L. 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 -Notes-and-loans-receivable, net 7 Assets Inventories for sale or use 8 39,106 Prepaid expenses and deferred charges 9 10a 98,425 10a Land, buildings, and equipment cost basis b Less accumulated depreciation Complete 82,163 11,244 16,262 Part VI of Schedule D 10b 10c Investments—publicly traded securities 11 12 Investments-other securities See Part IV, line 11 12 13 13 Investments-program-related See Part IV, line 11 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 5,079,427 2,790,237 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 67,836 42.89 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Liabilities 21 21 Escrow account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable 25 25 Other liabilities Complete Part X of Schedule D 67,836 42,890 26 Total liabilities. Add lines 17 through 25 Net Assets or Fund Balances Organizations that follow SFAS 117, check here complete lines 27 through 29, and lines 33 and 34. 2,346,541 3,683,578 27 Unrestricted net assets 1,352,959 375,860 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 5,036,537 2,722,401 33 33 Total net assets or fund balances 2,790,237 5,079, 34 Total liabilities and net assets/fund balances Part XI **Financial Statements and Reporting** Yes No X Accounting method used to prepare the Form 990 Cash Accrual Other 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 2b b Were the organization's financial statements audited by an independent accountant? c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of X the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 3a-As-a-result of-a-federal-award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a b If "Yes," did the organization undergo the required audit or audits? 3b Form 990 (2008)

. SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part 1

V-DAY

Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The (orga	nization is not	a private foundation because	ett is (Please check only one or	ganızatıon)							
1	Ц	A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A)(i).						
2	Ш	A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	Ш	A hospital or	a cooperative hospital service	e organization described in sect	ion 170(b)(1)(A)(iii)	. (Attach	Schedu	ile H)				
-4-	-Ы	-A-medical-res	search organization operated	in conjunction with a hospital de	escribed in	section	170(b)(1)(A)(iii).	Enter th	ne hosp	ıtal's name,		
		city, and state	9										
5	П	An organizati	on operated for the benefit of	f a college or university owned o	r operated	l by a gov	ernment	al unit d	escribe	d in			
	_	-	b)(1)(A)(iv). (Complete Part I	-	•								
6	\Box	-	., ., ., .	vernmental unit described in sec	ction 170	b)(1)(A)(v	<i>(</i>).						
7	X		=	ubstantial part of its support from				m the ae	neral p	ublic			
=	ш	=	section 170(b)(1)(A)(vi). (Co		3			3-					
8	П			'0(b)(1)(A)(vi). (Complete Part II)								
9	H	-) more than 33 1/3 % of its supp		ntributior	s memi	nershin f	ees an	d aross			
,	ш			ot functions—subject to certain e									
				d unrelated business taxable inc									
				, 1975 See section 509(a)(2). (i i iak) i	ioni bus					
10	\Box		-	exclusively to test for public safet			(a)(A) (c	aa inetri	ictions)				
11	Н												
11 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													
			•	e type of supporting organization									
		□ -		c Type III–Functiona			d [e III–Oth	ner			
The state of the s													
e By checking this box, I certify that the organization is not controlled directly of indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section													
509(a)(1) or section 509(a)(2)													
		, ,, ,	, ,, ,	mination from the IRS that it is a	Typel T	vne II or	Type III s	supportir	าต				
f			check this box	miliauon nom the into that it is a	1 1 ypc 1, 1	, pc 11, 01	i ypo iii i	opporti	'9				\Box
_				on accepted any gift or contribut	tion from s	ny of the							
g				on accepted any girt of contribut	uon nom e	iny or the							
		following per		at-ata aither along as together w	uth narcan	c docomb	od in (ii)					Yes	No
			-	ntrols, either alone or together w	illi person	s describ	eu III (II)				11g(ı)	163	NO
			below, the governing body of								11g(i)		<u>-</u>
		• •	member of a person describe	, .									
			ontrolled entity of a person d								[11g(III)		L
h		Provide the f	following information about th	e organizations the organization	1 Supports	•							
(i)		e of supported	(ii) EIN	(iii) Type of organization	1 ' '	organization	(v) Did y	-	(vi)		(vii) Amo		
	org	ganization		(described on lines 1–9 above or IRC section	1 ''	sted in your document?	col (ı)	uzation in of vour	organızatı (ı) organı		supp	ort	
•				(see instructions))	J governing			oort?	์" บร				
					Yes	No	Yes	No	Yes	No	_		
_								_			_		
						ļ							
					1								
					<u> </u>	ļ							
			}		1								
_				······································	<u> </u>								
Γota													
			L	T	.T,.,								

VDAY 12/01/2010 6 29 PM 94-3389430 Schedule A (Form 990 or 990-EZ) 2008 V-DAY Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 1,508,398 1,134,503 1,452,988 3,495,445 5,284,768 12,876,102 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-3 1,508,398 1,134,503 1,452,988 3,495,445 5,284,768 12,876,102 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) 12,618,257 Public support. Subtract line 5 from line 4 257,845 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (c) 2006 (e) 2008 (a) 2004 (b) 2005 (d) 2007 (f) Total 7 Amounts from line 4 1,508,398 1,452,988 3,495,445 5,284,768 12,876,102 1,134,503 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 737 842 400 163 14,015 16,157 sources Net income from unrelated business. activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12,892,259 12 Gross receipts from related activities, etc. (see instructions) 12 1,571,589 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	2.0000 %
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	2.0000 %

33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this

box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18

94-3389430 Schedule A (Form 990 or 990-EZ) 2008 V-DAY Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b Public support (Subtract line 7c from Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (d) 2007 (e) 2008 (f) Total (a) 2004 (b) 2005 (c) 2006Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b С Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on Other income Do not include gain or 12 loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 19a—33.4/3-% support-tests—2008- If-the organization did-not check the box on line 14- and line 15-is more than 33-1/3-%, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support tests-2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

. Schedule A (Form 990 or 990-EZ) 2008 V-DAY

94-3389430

Page 4

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 2008

Open to Public Inspection

lam	e of the organization	Employer identification number				
v	-DAY		94-3	389430		
	Organizations Maintaining Donor Advised Funthe organization answered "Yes" to Form 990, F	ds or Other Similar Funds or Ac				
		(a) Donor advised funds	(b)	Funds and other accounts		
1	Total number at end of year			·		
2	Aggregate contributions to (during year)					
-3 –	Aggregate grants from (during year)					
4	Aggregate value at end of year	<u> </u>				
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised				
	funds are the organization's property, subject to the organization's exclusive	sive legal control?				
6	Did the organization inform all grantees, donors, and donor advisors in w	riting that grant funds may be				
	used only for charitable purposes and not for the benefit of the donor or o	donor advisor or other				
	impermissible private benefit?			Yes No		
Pa	art II Conservation Easements. Complete if the orga	nization answered "Yes" to Form	<u>990, P</u>	art IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check a	ill that apply)				
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impo	rtant lan	d area		
	Protection of natural habitat	Preservation of certified historic stri	ucture			
	Preservation of open space					
2	Complete lines 2a-2d if the organization held a qualified conservation co	entribution in the form of a conservation ease	ement			
	on the last day of the tax year		F			
			J	Held at the End of the 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 structure include	ded in (a)	2c			
d	Number of conservation easements included in (c) acquired after 8/17/00	5	2d			
3	Number of conservation easements modified, transferred, released, extil	nguished, or terminated by the organization	during			
	the taxable year					
4	Number of states where property subject to conservation easement is lo					
5	Does the organization have a written policy regarding the periodic monitor	oring, inspection, violations, and				
	enforcement of the conservation easements it holds?			☐ Yes ☐ No		
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing	easements during the year		- -		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing ea	sements during the year 🕨 \$	· – –			
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section		п., п.,		
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			☐ Yes ☐ No		
9	In Part XIV, describe how the organization reports conservation easeme					
	balance sheet, and include, if applicable, the text of the footnote to the or	ganization's financial statements that descr	rbes			
_	the organization's accounting for conservation easements.		••			
₽a 	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to		milar <i>P</i> 			
4~	If the organization elected, as permitted under SFAS 116, not to report in	uto rovonuo etatomont and halance sheet	orks of			
ıa	art, historical treasures, or other similar assets held for public exhibition,			ce		
	provide, in Part XIV, the text of the footnote to its financial statements that)110 3C1 VII			
	provide, in real XIV, the text of the footbote to its illiantial statements the	A describes triese terris				
h	If the organization elected, as permitted under SFAS 116, to report in its	revenue statement and balance sheet work	s of art			
_	historical treasures, or other similar assets held for public exhibition, edu					
	provide the following amounts relating to these items	odilon, or robodi on in tarifordino of pablic t	, o. v.oo,			
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$		
	(ii) Assets included in Form 990, Part X		•	\$		
-2-	-If the organization received or held works of art, historical treasures, or o	ther similar assets for financial gain, provide	the	*		
-	following amounts required to be reported under SFAS 116 relating to the					
a	Revenues included in Form 990, Part VIII, line 1		•	\$		
	Assets included in Form 990, Part X		•	<u> </u>		
	7.0000 Modern Com Coo, Farch			<u> </u>		

ocne	dule D (Form 990) 2008 V-DAI			94-3	<u> 389430 </u>		Pag	e 2
₽a	ort III Organizations Maintaining	Collections of Art, I	listorical Treas	ures, or Other	Similar Asset	s (contin		
3	Uşing the organization's accession and other items (check all that apply)							
а	Public exhibition	d Loan o	r exchange program	ns				
b	Scholarly research	e Other	r exchange program	13	•			
c	Preservation for future generations	e [] Other						
4	Provide a description of the organization's coll	ections and explain how the	ey further the organi	zation's exempt pu	rpose in			
5	Part XIV During the year, did the organization solicit or	receive donations of art, his	stoncal treasures, or	other similar	r	-		
	assets to be sold to raise funds rather than to	be maintained as part of the	e organization's colle	ection?		Yes	No	
Pa	rt IV Trust, Escrow and Custod	ial Arrangements. Co	omplete if orgar	nization answe	red "Yes" to Fo	rm 990,		
	Part-IV, line-9, or reported a	an-amount-on-Form-9	90, Part X, line	21.				
1a	Is the organization an agent, trustee, custodia	n or other intermediary for o	contributions or othe	r assets not				
	included on Form 990, Part X?	•				Yes	No	
b	If "Yes," explain the arrangement in Part XIV a	and complete the following t	able		•		_	
	general genera	g c	ab.0			Amou	nt	-
_	Beginning balance				1c		·	-
								
	d Additions during the year							
e	e Distributions during the year							
f	Ending balance				1f		 _	_
2a	la Did the organization include an amount on Form 990, Part X, line 21?							
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Compl	ete if organization an	swered "Yes" to	Form 990, Pa	art IV, line 10.			
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years ba	ck (e) Fo	ur years bac	:k
1a	Beginning of year balance							
b	Contributions							
С	Investment earnings or losses							
	Grants or scholarships							
	Other expenditures for facilities							
•	and programs					-		
	Administrative expenses						 	
	' · · · · · · · · · · · · · · · · · · ·							
g	End of year balance		<u></u>	L	<u> </u>			
2	Provide the estimated percentage of the year							
	Board designated or quasi-endowment	%						
	Permanent endowment							
	Term endowment ▶ %							
3a	Are there endowment funds not in the possess	sion of the organization that	t are held and admin	istered for the				
	organization by						-	lo_
	(i) unrelated organizations					3a(i)		
	(ii) related organizations					3a(ii)		
b	If "Yes" to 3a(II), are the related organizations	listed as required on Sched	lule R?			3b		
4	Describe in Part XIV the intended uses of the	organization's endowment f	funds					
Pa	rt VI Investments—Land, Buildi			, Part X, line 1	0.			
	Description of investment	(a) Cost or other basis	(b) Cost or oth		Depreciation	(d) Boo	k value	_
	·	(investment)	basis (other)	1				
12	Land	 						
	Buildings	 	+					_
	•		 					_
	Leasehold improvements		00	125	92 163		16 24	<u>.</u>
	Equipment		98	,425	82,163		16,26	<u>, Z</u>
	Other						16 06	-
otal	. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, column (B)	, line 10(c))		<u> </u>		16,26	<u>) </u>
							000\ 20	

Schedule D (Form 990) 2008 V-DAY		94-3389430	Page
Part VII Investments—Other Securities. See Form 990	, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation	- -
(including name of security)		Cost or end-of-year market v	alue
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
otal. (Column (b) should equal Form 990, Part X, col. (B) line 12)			
Part VIII Investments—Program Related. See Form 990), Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation	 _
]	Cost or end-of-year market vi	alue
Fotal. (Column (b) should equal Form 990, Part X, col. (B) line 13.)			
Fotal. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15.			
Fotal. (Column (b) should equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description		(b)	Book value
Part IX Other Assets. See Form 990, Part X, line 15.		(b)	Book value
Part IX Other Assets. See Form 990, Part X, line 15.		(b)	Book value
Part IX Other Assets. See Form 990, Part X, line 15.		(b)	Book value
Part IX Other Assets. See Form 990, Part X, line 15.		(b)	Book value
Part IX Other Assets. See Form 990, Part X, line 15.		(b)	Book value
Part IX Other Assets. See Form 990, Part X, line 15.		(b)	Book value
Part IX Other Assets. See Form 990, Part X, line 15.		(b)	Book value
Part IX Other Assets. See Form 990, Part X, line 15.		(b)	Book value
Part IX Other Assets. See Form 990, Part X, line 15.		(b)	Book value
Part IX Other Assets. See Form 990, Part X, line 15.		(b)	Book value
Part IX Other Assets. See Form 990, Part X, line 15.		(b)	Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description			Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Fotal. (Column (b) should equal Form 990, Part X, col (B) line 15)	i. (b) Amount		Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) should equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability			Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) should equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability			Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Fotal. (Column (b) should equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25			Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) should equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability			Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) should equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability			Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) should equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability			Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) should equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability			Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) should equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability			Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Otal. (Column (b) should equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability			Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) should equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability			Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Fotal. (Column (b) should equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability			Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) should equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability			Book value

<u>Sche</u>	edule D (Form 990) 2008 V-DAY 94-338943	0	Page 4
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5_	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
Pa	art XII - Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	irn	
1	Total revenue, gains, and other support per audited financial statements	1_	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)	5	
	art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	eturn	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
	Losses reported on Form 990, Part IX, line 25	1	
d			
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	1	
þ			
С	Add lines 4a and 4b	4c_	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Pa	art XIV Supplemental Information		
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		
	2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b		
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_			
_		_	
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_		_	
_			
		Cal	adula D (Form 900) 2009

Schedule D (F	orm 990) 2008	V-DAY	94-3389430	Page 5
Part XIV	Suppleme	V-DAY ental Information (continued)		
		or (commutes)		
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Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service ► Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.

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lame of the org	V-DAY				94-3389	
Part I	General Informatives" to Form 99	ti <mark>on on Activities (</mark> 0, Part IV, line 14b	Outside the United States. C	complete if the o	rganization a	nswered
assistano	tmakers. Does the orga	anization maintain record	is to substantiate the amount of the g tance, and the selection criteria used			Yes No
United St	ates.		procedures for monitoring the use of ditional space is needed.	grant funds outside t	he	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) if activity li a program describe spe service(s)	service, cific type of	(f) Total expenditures in region
-						
				<u> </u>		
 _	<u> </u>					
						
otals •						

Schedule F (Form 990) 2008 V-DAY

Part II

94-3389430

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

(i) Method of valuation (h) Description of non-cash Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 (g) Amount of non-cash (f) Manner of cash (e) Amount of (d) Purpose of Use Schedule F-1 (Form 990) if additional space is needed. (c) Region (b) IRS code section omeN (a)

(book, FMV, appraisal, other)									,										
assistance																			
assistance																			-
casn disbursement	DEPOSITED	TOTAL SOCIAL	DEFOSTIED	DEPOSITED		DEPOSITED	DEPOSITED		DEPOSITED		DEPOSITED								
cash grant	14,595	000	70,000	30,000		13,681	75,000		10,000		17,800								
grant	END VIOLENCE		END VIOLENCE	END VIOLENCE		END VIOLENCE	END VIOLENCE		END VIOLENCE		END VIOLENCE								
(c) Region		EURUPE	CONGO		HAITI	KENYA		PAKISTAN		CONGO		SRI LANKA							
and EIN (if applicable)													,						
(a) Name of organization								<i>,,,</i> ,	,				<i></i> -	~ ~		-		 ,	3

Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

~

Schedule F-1 (Form 990) 2008

Page 3

Page 3	ait IV, III e 10.	(h) Method of valuation (book, FMV,	appraisal, other)							i i				Schedule F (Form 990) 2008
"Voc" to Form 000 D	168 10 FOILI 990, P	(g) Description of non-cash assistance												Schedule
borowace noitezia	iiizalioli alisweled	(f) Amount of non-cash as sistance												
94-3389430		(e) Manner of cash disbursement	DEPOSIT	CASH GRANT	CASH GRANT	DEPOSIT								
9	ine onned States, seded.	(d) Amount of cash grant	62,350		34,601	12,000								
widuse Onteido	itional space is ne	(c) Number of recipients												
istance to Ind	rm 990) if add	(b) Region	KENYA	CONGO	CONGO	CONGO			 		! !			
m 990) 2008 V-DAY Grants and Other Assistance to Individuals Outside the United States Complete if the organization answered "Yes" to Form 900 Bart 14 line 16	Use Schedule F-1 (Form 990) if additional space is needed.	(a) Type of grant or assistance												
Schedule F (Form 990) 2008		(a) Type					,							

Schedule F (Form 990) 2008 V-DAY

94-3389430

Page 4

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

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Name of the organization V-DAY	•					
Part I Fundraising Activities. Complete in	f the organizati	ion a	nswe	ered "Yes" to Form	n 990, Part IV, lin	e 17.
1 Indicate whether the organization raised funds through a	any of the following	activiti	es CI	neck all that apply		
a Mail solicitations	e Solicitation	of no	n-gove	ernment grants		
b Email solicitations	f Solicitation	of gov	/ernm	ent grants		
c_UPhone solicitations	- g -⊟-Special fur	ndraisii	ng eve	ents — — — —		
d In-person solicitations						
2a Did the organization have a written or oral agreement will or key employees listed in Form 990, Part VII) or entity in						Yes X No
b If "Yes," list the ten highest paid individuals or entities (futo be compensated at least \$5,000 by the organization.						
(ı) Name of ındıvıdual	(ii) Activity	(III) Di	d fund- have	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (fundraiser)		custody or control of contributions?		from activity	(or retained by) fundraiser listed in col (i)	(or retained by) organization
		Yes	_			
		ļ.—	_			
	<u> </u>					
		_				
		-				
	,					
		-				
		┼—				
***				-		
Total						L

. Schedule G (Form 990 or 990-EZ) 2008

Page 2

P	art i				anization answe 6a. List events						oorte	ť
				Event #1	(b) Even	t #2		(c) Other Events	_	(d) Total (Add col (a	a) throug	gh
<u>e</u>			(ever	nt type)	(event type	pe)	ļ	(total number)		col	(c))	
Revenue							1					
Re	2	Gross receipts Less Charitable		 	1		 -					
	_	contributions										
	3	Gross revenue (line 1	-	. <u>-</u>								
_		-minus line-2)										
	4	Cash prizes					<u> </u>		-			
nses	5	Non-cash prizes			-		<u> </u>		+			
Direct Expenses	6	Rent/facility costs					ļ					
Direct	7	Other direct expenses										
	8	Direct expense summary	Add lines 4 thr	ough 7 in column (d)				•			
	9	Net income summary Co	ombine lines 3 a	nd 8 in column (d)	48/24	F 000	Dod	V line 40 ee	>			
P	art l	than \$15,000			swered "Yes" to	Form 990,	Рап і	v, line 19, or	героп	ea more		
e				Bingo	(b) Pull tabs			(c) Other gaming		(d) Total gan		
Revenue					bingo/progress	ve bingo	├ ─			col (a) throu	gh col ((c))
Re	1	Gross revenue										
		Grood revenue										
es	2	Cash prizes					<u> </u>					
Direct Expenses	3	Non-cash prizes										
rect E	4	Rent/facility costs										
٥		rionaldonny odolo				-	1			_		
	5	Other direct expenses			Vos	0/	 		0/	····	······································	
	6	Volunteer labor	Yes No	%	Yes	%		res No	%			
			<u> </u>		·							
	7	Direct expense summary	Add lines 2 thr	ough 5 in column ((d) .				-)
	8	Net gaming income sumr	mary Combine I	ines 1 and 7 in col	umn (d)				>			
	_									F	Yes	No
9 a		ter the state(s) in which the the organization licensed to								9a		
b		No," Explain	o oporato gammi	g douvilled in eden	01 111000 010100		•					
							•					
10a	۱۸/۵	ere any of the organization	'e gaming licene	as ravokad susna	nded or terminated r	luring the tay v	oar?			10a]	
b		Yes," Explain	s garring licens	es revokeu, suspe	nded of terminated t	uning the tax y	Cui			100		
11	ρ~	es the organization operat	o gamina activit	os with non-on-	are?					11		
12		es the organization operat the organization a grantor ,	_			ership or other	entity-					
		med to administer charitab								12		
								Schedule	G (Forn	n 990 or 99	0-EZ)	2008

Sche	dule G (Form 990 or 990-EZ) 2008 V-DAY	94-338943	30	P	age 3
	•			Yes	No
13	Indicate the percentage of gaming activity operated in	1 1			
а	The organization's facility	13a <u>%</u>	_		
b	An outside facility	13b %	_		
14	Provide the name and address of the person who prepares the organization's gaming/special events books				
	and records				
	Name ▶				
	Address ▶				
15a	Does-the organization have a contract with a third-party from whom the organization receives gaming		-		
	revenue?		15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the			
	amount of gaming revenue retained by the third party ▶ \$.				
С	If "Yes," enter name and address				
	Name ►				
	Address ►				
16	Gaming manager information				
	Name ►				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	Director/officer Employee Independent contractor				
17	Mandatory distributions .				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				ŧ
	retain the state gaming license?		17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent				
	in the organization's own exempt activities during the tax year > \$		ŀ	1	ŧ

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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S. ► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22 ▶ Attach to Form 990

Open to Public Inspection 2008

OMB No 1545-0047

Employer identification number 94-3389430

2 [X] Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ■ (h) Purpose of grant or assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Yes non-cash assistance (g) Description of Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisal, assistance other) 25,000 20,000 20,000 10,000 10,000 10,000 450,000 10,000 10,000 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (c) IRC section if applicable General Information on Grants and Assistance (p) EIN the selection criteria used to award the grants or assistance? NEW ORLEANS FAMILY JUSTICE CENTER MA 02215 LA 70118 LA 70113 LA 70125 LA 70181 NY 10003 30030 91001 (a) Name and address of organization METROPOLITAN CENTER FOR WOMEN ð GP GP PAKISTANI WOMEN'S ASSOC NEW COMB COLLEGE CENTER or government V-DAY WOMEN WITH A VISION MEN CAN STOP RAPE AIDS FREE WORLD Name of the organization NEW ORLEANS NEW ORLEANS NEW ORLEANS **JEFFERSON** SUITE 112 HOMSTEAD ALTADENA NEW YORK SUITE C DECATUR BOSTON UNICEF Part II Part I OPAWC

Enter total number of section 501(c)(3) and government organizations ~

Enter total number of other organizations

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

Schedule I (Form 990) 2008

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Schedule I (Form	Schedule I (Form 990) 2008 V-DAY		6	94-3389430		Page 2
Part III G	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Schedule I-1 (Form 990) if additional space is needed.	e to Individuals in the if additional space is	United States. Con needed.	nplete if the organiza	ition answered "Yes" on Fo	rm 990, Part IV, line 22.
(a) T)	(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
CASH GRANT	LN		8,000			
CASH GRANT	NT	1	8,000	-		
CASH GRANT	LNT	П	8,000			
CASH GRANT	TN	1	8,000			
CASH GRANT	NT	Н	8,000			
CASH GRANT	NT	н	8,000			
CASH GRANT	TN	H	8,000			
Part IV S	Supplemental Information. Complete this part to provide the information required in Part I, line 2,	complete this part to p	provide the informati	on required in Part I,	line 2, and any other additional information	ional information.
٠						
		·				

Schedule I (Form 990) 2008

PA

SCHEDULE 1-1 (Form 990)		ပိ	Continuation S	Sheet for Schedule I (Form 990)	Jule I (Form	(066		OMB No 1545-0047
Department of the Treasury Internal Revenue Service			► Attach to Fo	Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).	al information for Form 990).			Open to Public Inspection
Name of the organization	V-DAY			,			Emp	Employer identification number 94–3389430
Part I Continu	Continuation of Grants and Other Assistance to Governments and Organizations in the U.S.	Assistance	to Governmen	ts and Organizati	ons in the U.S.	(Schedule I (Form 990)	orm 990), Part	
	(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	on (d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descri non-cash as	(h) Purpose of grant or assistance
CASA AMIGA								
				10,000				•
ART SPOT PRODUCTIONS								
NEW ORLEANS				8,000				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
	1 1 1 1 1 1 1 1 1							
· · 	 							
1 1	1 1 1						,	
	1 1 1 1 1							
1 1 1 1 1	1 1 1 1 1 1 1 1			•				
2 Enter total number	Enter total number of Section 501(c)(3) and government organizations	ent organization	SI				A A	
For Privacy Act and F	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruc	tions for Form 990					Schedule I-1 (Form 990) 2008

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Schedule I-1 (Form 990) 2008 V-DAY Part II Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.	Other Assistance to Indiv	94–3389430 riduals in the U.S. (Schedule I	39430 dule I (Form 990), Par		Page 2
l I	(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
CASH GRANT	1	8,000			
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Part II Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.)	ner Assistance to Indivi	duals in the 0.5. (Sche	udie i (roini 990), rai	(III.)	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(¢) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CASH GRANT	1	8,000			
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CASH GRANT	1	1,000			
(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
Schedule I-1 (Form 990) 2008 V-DAY Part II Continuation of Grants a	(Form 990) 2008 V-DAY Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.)	94–338 viduals in the U.S. (Sche	8 94 30 dule I (Form 990), Parl	111.)	Page 2
VDAY, 12/01/2010 6 30 PM					

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

V-DAY

Employer identification number

94-3389430

Form 990, Part III, Line 4d - All Other Achievements
DOMESTIC (US) AND INTERNATIONAL GRANTS

Form 990, Part V, Line 3b - Form 990-T Not Filed Explanation N/A

4562

Name(s) shown on return

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

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. 250,000 Maximum amount. See the instructions for a higher limit for certain businesses. 1 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If mamed filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property Enter the amount from line 29 7 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 2007 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 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.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 5,796 during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 1,173 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 1,310 17 MACRS deductions for assets placed in service in tax years beginning before 2008 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 2008 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (f) Method (g) Depreciation deduction (business/investment use (e) Convention (a) Classification of property year placed in service period only-see instructions) 19a 3-year property 5.0 HY 200DB 1,157 5,793 5-year property 7-year property 10-year property 15-year property 20-year property S/L 25 yrs 25-year property S/L Residential rental 27 5 yrs MM property S/L MM 27 5 yrs MM 39 yrs S/L Nonresidential real property S/L MM Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs S/L b S/L 40-year 40 yrs MM Summary (See instructions.) Part IV Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 9,436 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

VDAY V-DAY 94-3389430

FYE: 6/30/2009

Federal Asset Report Form 990, Page 1

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<u>Asset</u>	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
29 C 30 E 31 S 32 P	GDS Property: F.L. LAPTOP APPLE E. LAPTOP APPLE S. LAPTOP APPLE P. LAPTOP APPLE D LAPTOP	12/30/08 12/02/08 12/15/08 5/06/09 12/01/08	1,955 2,639 2,645 2,157 2,193		X X X X X	977 1,319 1,323 1,078 1,096	5 HY 200DB 5 HY 200DB 5 HY 200DB 5 HY 200DB 5 HY 200DB	0 0 0 0 0 0	1,173 1,583 1,587 1,294 1,316 6,953
27 L	ACRS: APTOP #1 T M APTOP #2 C L APTOP #3 P P	10/15/07 12/12/07 2/15/08	1,768 1,580 1,499 4,847		X	1,768 1,580 750 4,098	5 HY 200DB 5 HY 200DB 5 HY 200DB	354 316 899 1,569	565 505 240 1,310
1 D 14 D 15 C 16 L 17 P 18 P 19 P 20 C 21 C 22 C 23 C	epreciation: DESK/FILE/PHONES (2) DELL COMPUTER DOMPUTER APTOP RINTER OWERBOOK OWERBOOK OMPUTER	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	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	7 MO S/L 3 MO S/L 3 MO S/L 3 MO S/L 3 MO S/L 3 MO S/L 3 MO S/L 3 MO S/L 3 MO S/L 3 MO S/L 3 MO S/L 3 MO S/L 3 MO S/L 3 MO S/L 3 MO S/L 3 MO S/L 3 MO S/L 3 MO S/L 4 MO S/L 5 MO S/L 6 MO S/L 7 MO S/L 7 MO S/L 8 MO S/L	1,154 2,659 1,778 2,948 1,057 2,306 3,185 3,515 7,500 1,672 1,191 1,885 2,031	13 0 0 0 0 0 0 0 0 0 0 754 406
	Total ACRS and Other Depre	ciation =	36,693			36,693		32,881	1,173
	Grand Totals Less: Dispositions Less: Start-up/Org Expense Net Grand Totals	-	53,129 0 0 53,129			46,584 0 0 46,584		34,450 0 0 34,450	9,436 0 0 9,436

VDAY V-DAY 94-3389430 FYE: 6/30/2009

Bonus Depreciation Report

12/01/2010 6:28 PM

Asset Activity: I	Property Description Form 990, Page 1	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
29 C L 30 E E 31 S S 32 P P	PTOP #3 P P LAPTOP APPLE LAPTOP APPLE LAPTOP APPLE LAPTOP APPLE LAPTOP APPLE LAPTOP	2/15/08 12/30/08 12/02/08 12/15/08 5/06/09 12/01/08	1,499 1,955 2,639 2,645 2,157 2,193		0 0 0 0 0	0 978 1,320 1,322 1,079 1,097	749 0 0 0 0 0	750 977 1,319 1,323 1,078 1,096
		Form 990, Page 1 Grand Total	13,088		0	5,796	749	6,543