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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**

OMB No 1545-1150

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
World-Voices Organization

Number and street (or P O box, if mail is not delivered to street address) Room/suite
2654 W Horizon Ridge Pkwy B5-212

City or town, state or province, country, and ZIP or foreign postal code
Henderson, NV 89052

D Employer identification number
45-5185761

E Telephone number

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

I Website: ▶ <http://www.worldvoices.org>

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) ◀(insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 97,337

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	49,345
	2 Program service revenue including government fees and contracts	2	47,992
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
c Less direct expenses from gaming and fundraising events	6c	0	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	97,337	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	3,000
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	108
	16 Other expenses (describe in Schedule O)	16	57,861
	17 Total expenses. Add lines 10 through 16 ▶	17	60,969
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	36,368	
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	37,005
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	73,373

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	37,505	22	73,873
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	37,505	25	73,873
26 Total liabilities (describe in Schedule O).	500	26	500
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	37,005	27	73,373

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
The World-Voices Organization (WoVO) is a non-profit, member-driven international association of voice actors that seeks to educate members about the essentials of voice over performance skills, maintaining high industry standards, and operating a private studio. World-Voices Organization provides mentoring to voice talent across a spectrum of techniques and recording skills, engaging membership in a meaningful community, and ensuring proficient and uniform standards for the practicing voice acting professional.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29		29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
30		30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a) <input checked="" type="checkbox"/>		32	56,776

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Dave Courvoisier President	2 00	0		
Peter Bishop Vice President	2 00	0		
Dan Lenard Director	2 00	0		
Chris Mezzolesta Director	2 00	0		
Katherin Vasilopoulos Secretary	2 00	0		
Elizabeth Holmes Treasurer	2 00	0		
Randy Kaye Director	2 00	0		
Liz deNesnera Director	2 00	0		
Pam Lorence Director	2 00	0		
Karyn O-Bryant Director	2 00	0		
Anthony Gettig Director	2 00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer	2017-04-05 Date
Elizabeth Holmes Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Susan E Goranson	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00049464
	Firm's name ▶ Goranson and Associates Inc			Firm's EIN ▶	
	Firm's address ▶ 717 College Avenue First Floor Santa Rosa, CA 95404			Phone no (707) 542-1256	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
World-Voices Organization**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016**Open to Public
Inspection**

Employer identification number

45-5185761

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$25

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$944

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	WoVOCON \$42154

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	MiniCon \$4770

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	outreach \$4730

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	Bank charges \$3121

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	Memberships Expenses \$2098

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	Meetings \$19

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$500 Accounts Payable and Accrued Expenses - Ending \$500