

Form **990EZ**
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.

Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- 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
(973) 610-2019

F Group Exemption Number

G Accounting Method Cash Accrual Other (specify) _____

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

I Website: [HTTP://WWW.WORLDVOICES.ORG](http://WWW.WORLDVOICES.ORG)

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

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. \$ 135,979

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.

Revenue	1	Contributions, gifts, grants, and similar amounts received	100
	2	Program service revenue including government fees and contracts	77,386
	3	Membership dues and assessments	58,493
	4	Investment income	
	5a	Gross amount from sale of assets other than inventory	5a
	5b	Less cost or other basis and sales expenses	5b
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6	Gaming and fundraising events	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	6b	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
6c	Less direct expenses from gaming and fundraising events	6c	
6d	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	
7b	Less cost of goods sold	7b	
7c	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	135,979	
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	37,636
	14	Occupancy, rent, utilities, and maintenance	14
	15	Printing, publications, postage, and shipping	15
	16	Other expenses (describe in Schedule O)	95,315
17	Total expenses. Add lines 10 through 16	132,951	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	3,028
	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)	87,109
	20	Other changes in net assets or fund balances (explain in Schedule O)	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20	90,137

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	87,609	22 90,637
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	87,609	25 90,637
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)	87,109	27 90,137

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

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

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

28 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here **28a**

29 See Additional Data Table **29a**

(Grants \$) If this amount includes foreign grants, check here **30a**

(Grants \$) If this amount includes foreign grants, check here **31a**

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here **31a**

32 Total program service expenses (add lines 28a through 31a) **32**

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
PETER BISHOP PRESIDENT	2 00	0	0	0
KATHERIN VASILOPOULOS VICE-PRESIDENT	2 00	0	0	0
PAM LORENCE SECRETARY	2 00	0	0	0
ELIZABETH DE NESNERA TREASURER	2 00	0	0	0
DAN LENARD DIRECTOR	2 00	0	0	0
MIKE MCGONEGAL DIRECTOR	2 00	0	0	0
DAVE COURVOISIER DIRECTOR	2 00	0	0	0
KARYN O BRYANT DIRECTOR	2 00	0	0	0
GEORGE WASHINGTON III DIRECTOR	2 00	0	0	0
GRAEME SPICER DIRECTOR	2 00	0	0	0
JULIO RIVERA DIRECTOR	2 00	0	0	0
RAMESH MAHTANI DIRECTOR	2 00	0	0	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 3 columns: Question ID, Question Text, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of ELIZABETH DE NESNERA Telephone no (973) 640-2019 Located at PO BOX 34 OLIVEBRIDGE, NY ZIP + 4 12461

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 42b, 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

		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

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

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	2019-03-21 Date
ELIZABETH DE NESNERA TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JASON GAMETT	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00604635
Firm's name ▶ GAMETT & KING			Firm's EIN ▶ 88-0312762		
Firm's address ▶ 2600 PASEO VERDE PKWY STE 250 HENDERSON, NV 890747164			Phone no (702) 433-1040		

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

Additional Data

Software ID:

Software Version:

EIN: 45-5185761

Name: WORLD-VOICES ORGANIZATION

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 WORLD-VOICES ORGANIZATION HAD APPROXIMATELY 950 MEMBERS AT THE END OF 2018 MEMBERS PAY DUES OF \$99 PER YEAR (US) IN 2018, WOVO RECEIVED \$58,493 IN MEMBERSHIP DUES MEMBERSHIP SERVICES INCLUDE ACCESS TO MEMBERS-ONLY EDUCATIONAL RESOURCES ON WORLD-VOICES ORGANIZATION'S WEBSITE, PEER TO PEER MENTORING, ELIGIBILITY TO ATTEND WOVOCON (THE GROUP'S ANNUAL CONFERENCE), LISTING ON VOICEOVER BIZ, A TALENT ROSTER FOR WOVO'S PROFESSIONAL MEMBERS ONLY (Grants \$ 0)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	0

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<p>29 WORLD-VOICES ORGANIZATION HOSTS AN ANNUAL VOICE ACTORS' CONFERENCE IN LAS VEGAS, NV (NOVEMBER 2018) - WOVOCON - THAT INCLUDES PEER TO PEER WORKSHOPS ON TECHNICAL ASPECTS OF PERFORMANCE AND AUDIO PRODUCTION, AS WELL AS BUSINESS ADVICE (MARKETING, BOOKKEEPING, INSURANCE, ETC) 126 MEMBERS ATTENDED ATTENDEE FEES AT WOVOCON V TOTALED \$33,468 MASTER CLASSES WERE ALSO OFFERED TO PROFESSIONAL MEMBERS BEFORE THE CONFERENCE STARTED WHICH GENERATED \$4,125 SPONSORS PAID \$27,554 30 TO ADVERTISE AT THE EVENT WOVOCON V EXPENSES, WHICH INCLUDED RENTING CONFERENCE FACILITIES, SIGNAGE, AND FEEDING ATTENDEES, TOTALED \$66,686 32 WORLD-VOICES ORGANIZATION OFFERS AN "APPROVED STUDIO" BADGE TO PROFESSIONAL MEMBERS WISHING TO ASSURE THEIR CLIENTS THAT THEY HAVE THE NECESSARY SKILLS TO PRODUCE FINISHED AUDIO AT PROFESSIONAL LEVELS 8 MEMBERS APPLIED FOR AN APPROVED STUDIO BADGE IN 2018 THIS PROGRAM GENERATED \$400 IN FEES IN 2018</p> <p>(Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>29a</p>	<p style="text-align: right;">0</p>

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<p>30 WORLD-VOICES ORGANIZATION HELD A "MINI-CON" IN TORONTO CANADA TO EXPAND ITS INTERNATIONAL REACH (JUNE 2018) WHICH BROUGHT IN INCOME OF \$11,732 86(USD) THE TORONTO MINICON HAD EXPENSES OF \$9616 46 (USD)WORLD-VOICES ORGANIZATION FURTHERS ITS MISSION BY HAVING AN ACTIVE PRESENCE AT VOICEOVER RELATED CONFERENCES EVERY YEAR IN 2018, WOVO SPENT \$5691 ON OUTREACH TO US VOICE ACTORS (VO ATLANTA) IN 2018, WOVO SPENT \$618 73 ON OUTREACH TO BRITISH/UK VOICE ACTORS (ONE VOICE CONFERENCE) AND \$458 95 TO SEND A BOARD MEMBER TO MEXICO TO REPRESNET THE ORGANIZATION AT A MEXICAN VO CONFERENCE (CONGRESO DE LA VOZ)</p> <p>(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>30a</p>	<p style="text-align: right;">0</p>

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization
WORLD-VOICES ORGANIZATION

Employer identification number

45-5185761

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION MEMBERSHIP EXPENSES AMOUNT 3,759 DESCRIPTION OPERATING EXPENSE AMOUNT 6,788 DESCRIPTION OUTREACH AMOUNT 6,310 DESCRIPTION WOVOCON AMOUNT 76,303 DESCRIPTION MEETINGS AMOUNT 2,155 TOTAL TO FORM 990-EZ, LINE 16 95,315

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE AND ACCRUED EXPENSES BEG OF YEAR AMOUNT 500 END OF YEAR AMOUNT 500