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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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection and ending A For the 2015 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change VITAL VOICES GLOBAL PARTNERSHIP, INC. Name change 52-2151557 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 861-2625 1625 MASSACHUSETTS AVENUE, NW 300 (202)termin-ated 13,132,390. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 20036 WASHINGTON, DC H(a) Is this a group return Applica-F Name and address of principal officer: ALYSE NELSON Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) (4947(a)(1) or) ◀ (insert no.) If "No," attach a list. (see instructions) J Website: ► WWW.VITALVOICES.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 1999 M State of legal domicile: DE Part I Summary Briefly describe the organization's mission or most significant activities: VITAL VOICES INVESTS IN WOMEN Activities & Governance LEADERS GLOBALLY TO ACCELERATE PROSPERITY IN THEIR COMMUNITIES. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 27 Number of voting members of the governing body (Part VI, line 1a) 26 Number of independent voting members of the governing body (Part VI, line 1b) <u>64</u> 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) <u> 150</u> Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 9,582,541. 12,8<u>62,692</u>. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 36. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -449,086. -477,642. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,385,050. 9,133,491. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,167,923. 1,680,095. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 4,328,211. 4,397,906. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 4,943,178. 4,368,818. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 10,439,312. 10,446,819. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -1,305,821. 1,938,231. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 8,909,276. 7,185,956. 20 Total assets (Part X, line 16) 1,065,808. 850,897. 21 Total liabilities (Part X, line 26) 6,120,148. 8,058,379. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block 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. Signature of officer Date Sign ALYSE NELSON, PRESIDENT AND CEO Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed FRANK H. SMITH 08/02/16 P00639053 Paid 52-1511275 Firm's name RAFFA, P.C. Preparer Firm's EIN ▶ Firm's address 1899 L STREET, Use Only NW, SUITE 850 Phone no. (202) 822-5000 WASHINGTON, DC 20036

Form **990** (2015)

X Yes No

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

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	VITAL VOICES' MISSION IS TO IDENTIFY, INVEST IN AND BRING VISIBILITY
	TO EXTRAORDINARY WOMEN AROUND THE WORLD BY UNLEASHING THEIR LEADERSHIP
	POTENTIAL TO TRANSFORM LIVES AND ACCELERATE PEACE AND PROSPERITY IN
	THEIR COMMUNITIES.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	2 502 000
	ACTIVATING THE NETWORK:
	THE PROGRAMS THAT ACTIVATE THE VITAL VOICES NETWORK FACILITATE ONGOING
	ENGAGEMENT WITH THE WOMEN LEADERS WITH WHOM VITAL VOICES PARTNERS AND
	SUPPORT THEIR DEEP-ROOTED COMMITMENT TO "PAYING IT FORWARD." THESE
	PROGRAMS PROMOTE ADVOCACY, FOSTER AN ENABLING ENVIRONMENT FOR WOMEN'S
	LEADERSHIP AND IGNITE AND ORGANIZE TOP LEADERS AROUND KEY ISSUES.
	THEADERDILL AND IGNITE AND ORGANIZE TOT BEADERD AROUND RET IDDOED:
	FORTUNE/U.S. STATE DEPARTMENT GLOBAL WOMEN'S MENTORING PARTNERSHIP:
	THROUGH A PARTNERSHIP WITH THE U.S. DEPARTMENT OF STATE AND FORTUNE'S
	MOST POWERFUL WOMEN, VITAL VOICES GATHERED 19 EMERGING LEADERS FROM 15
	COUNTRIES ACROSS THE GLOBE TO COME TO THE UNITED STATES FOR A
4b	(Code:) (Expenses \$ 3,261,359. including grants of \$ 401,312.) (Revenue \$ SIGNATURE FELLOWSHIPS:
	DIGNATURE FEEDOMONITO:
	SIGNATURE FELLOWSHIPS AT VITAL VOICES ARE STRUCTURED PROGRAMS THAT
	BUILD WOMEN LEADERS' CAPACITY THROUGH GROUP TRAINING, MENTORING AND
	TARGETED FOLLOW ON SUPPORT AND PEER-TO-PEER EXCHANGES AND NETWORKING.
	THROUGHOUT THESE PROGRAMS, VITAL VOICES FELLOWS CRYSTALLIZE THEIR
	VISION FOR CHANGE TO MAKE AN IMPACT IN THEIR COMMUNITIES AND BEYOND.
	VISION FOR CHANGE TO MAKE AN IMPACT IN THEIR COMMUNITIES AND BEYOND.
	VVLEAD FELLOWSHIP: IN 2015, VITAL VOICES KICKED OFF THE THIRD YEAR OF A
	THREE YEAR FELLOWSHIP WITH INITIAL FUNDING FROM THE UK GOVERNMENT'S
	DEPARTMENT FOR INTERNATIONAL DEVELOPMENT. VVLEAD FELLOWS, WHO WORK
	ACROSS SECTORS TO END VIOLENCE AGAINST WOMEN, END FORCED OR EARLY
40	1 607 000 201 107
40	(Code:) (Expenses \$ 1,087,000 • including grants of \$ 321,107 •) (Revenue \$ STRATEGIC INVESTMENTS:
	STRATEGIC INVESTMENT PROGRAMS AT VITAL VOICES CATALYZE THE VISIONS OF
	WOMEN LEADERS. THESE PROGRAMS PROVIDE DEEP, INDIVIDUALIZED INVESTMENT
	IN WOMEN LEADERS WHO POSSESS A CLEARLY ARTICULATED AND BOLD VISION BY
	DELIVERING TARGETED TECHNICAL SUPPORT, BUILDING CREDIBILITY AND
	VISIBILITY AND CURATING A SYSTEM OF SUPPORT FROM CHAMPIONS IN THE VITAL
	VOICES GLOBAL LEADERSHIP NETWORK.
	TOTOLD CLODIN LLIDLINGILL HILMONIC.
	JUSTICE INSTITUTES: SINCE 2010, VITAL VOICES HAS BEEN INVESTING IN
	HUMAN RIGHTS LEADERS BY CO-IMPLEMENTING THE INSTITUTE MODEL, WHICH
	BRINGS TOGETHER JUDGES, PROSECUTORS, POLICE OFFICERS AND
A :1	
40	Other program services (Describe in Schedule O.) (Expenses $\$$ 406,551 • including grants of $\$$) (Revenue $\$$)
4.	
<u>4e</u>	Total program service expenses ► 8,948,798.
53200 12-16-	CEE COMEDITE O EOD COMETNIAMION/C)
12-10-	DUILLOLL O 101. OULLINGTH OULL

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	37	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		v	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.	Х	
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	-23	
19		19		x
	complete Schedule G, Part III	שו		

Part IV Checklist of Required Schedules (continued)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule If 20b If 1 Yes 1 one 20a, of the organization acts or copy of its audited inancial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or somestic government on Part IX, column (A), line 1 If "Yes," complete Schedule I, Part I and If 2 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and If II 2 23 Did the organization answer "Yes" to Part IX, Schoton A, line 3.4, or 5 about compensation of the organization scurrent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule II 3 24a Did the organization have a tax-exempt bond saus with one obstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after Docember 31, 2002? If "Yes," answer lines 24 through 24 and complete Schedule IX. If "Yes," or to line 25s of the Compensation of the organization makes any proceeds of tax-exempt bonds? 4b Did the organization makes any proceeds of tax-exempt bonds beyond a temporary period exception? 4c Did the organization and as an "on behalf of" issuer for bonds outstanding strong the quart of defease any tax-exempt bonds? 4c Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 4d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 4d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 4d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 4d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds. 5				Yes	No
21 bill the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 27 if 1"Ves," complete Schedule I, Parts I and III 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if 1"Ves," complete Schedule I, Parts I and III 23 Did the organization never Vers' to Part IX is extent in All in 3.4 or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th trough 24th and complete Schedule K. If "No." go to line 25a 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 26c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 27c Did the organization wave that it engaged in an excess benefit transaction with a disqualified person during the year II I'ves," complete Schedule L, Part II 27d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year II'ves, "complete Schedule L, Part II' 27d Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 28d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, or key employees or a squalified persons? If "Yes," complete Schedule L, Part IV 27d Did the organization aparty to a business transaction with one of the following pa	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts 1 and II 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and injected compensated employees? If "Yes," complete Schedule I Parts I and III II I	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 IX 23 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Parts I and III and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, I" No. 17 op to line 25a	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 2 20 Id the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part III list of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I. If I'm is 70 or time 25s 24s 24s 24s 24s 24s 24s 24s 25s 25s 25s 25s 25s 25s 25s 25s 25s 25		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, flustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization minetal an escrow account other than a refunding escrow at any time during the year of the organization are secret as an 'no behalf of' issuer for bonds outstanding at any time during the year? 26 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person of unit transaction with a disqualified person of unit transaction with a disqualified person of the year? If "Yes," complete Schedule I. Part I 27 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, sciences, trustees, key employees, highest compensated employees, or disqualide persons? If "Yes," complete Schedule I. Part II 28 Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 5% controlled entity or family member of a current or former officer, officer, director, trustee, key employees, or disqualide persons? If "Yes," complete Schedule I. Part II 28 Was the organization applicable fling thresholds, conditions, and exceptions; 29 Did the organization receive more than \$50,000 in non-cash contributions? If "Yes," complete Schedule I. Part IV 29 D	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I. "No.", of to time 25s 24a		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
Schedule J 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after Docomber 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds? 26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds? 26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 27 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 29 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 980 or 990-E27 If "Yes," complete Schedule L, Part II 29 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, trustes, key employee, sughstant all contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 28 Did the organization produce a grant or other assistance to an officer, director, trustee, key employee, substantial contributions for applicable fling thresholds, conditions, and exceptions): 29 A current or former officer, director, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization related to miner? If "Yes," complete Schedule L, Part IV 29 Did the organization related to miner? If "Yes," complete Schedule L, Part IV 30 Did the organization sell, exchange, clapsose of, or	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 2ds through 2dd and complete Schedule K. If "No", go to line 25s 2ds 2ds 2db 10 the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 2db					
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Schedule K. If "No"; go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization and an excess benefit transaction with a disqualfilled person during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualfilled person during the year? 25b Is the organization and that it engaged in an excess benefit transaction with a disqualfilled person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E7/If "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, inghest compensated employees, or disqualfilled persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee; substantial contributor or employee thereof, a grant selection committee employer, or to a 39% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 29 Is A family or director or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Is A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Is Did the organization relevance more than \$250,000 in non cash contributions? If "Yes," complete Schedule L, Part II 1 1 1 1 1 1 1 1 1	24a				
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d					l
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director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 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 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. lines 11b and 19?			200		
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If "Yes," complete Schedule N, Part I 31	31		50		
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38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37				
		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
Note. All Form 990 filers are required to complete Schedule O	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
		Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	52			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				37	
	(gambling) winnings to prize winners?	 I	I	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		64			
	filed for the calendar year ending with or within the year covered by this return	2a		۵.	v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the little of the control of th			2b	Х	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			0-		Х
				3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other			3b		
44	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		Х
h	If "Yes," enter the name of the foreign country:	accoc	110:	T a		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	CCOLI	nts (FRAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?	_		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribute					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices į	provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	,				
^	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			00		
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b		
10	Section 501(c)(7) organizations. Enter:			90		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	еО <u></u>		14b		
				Form	990	(2015)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			٠,,
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		,
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		.,	·
40		40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	па	21	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X	<u> </u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	- 21	
С		12c	Х	
13	in Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	' '		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
_	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►AR , CA , CT , GA , CO , GA , HI , IL , KS	, KY	, MA	,MD
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization of the first forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires at the first forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires at the first forms 1023 (or 1024 if applicable).			
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	ALYSE NELSON - (202) 861-2625			
	1625 MASSACHUSETTS AVENUE, NW, #300, WASHINGTON, DC 20036			
53200	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2015)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) SUSAN ANN DAVIS	15.00								0	0
BOARD CHAIR	1 00	Х		Х				0.	0.	0.
(2) V. SUE MOLINA	1.00	,,		77					0	0
BOARD VICE CHAIR	1 00	Х		Х				0.	0.	0.
(3) AMBASSADOR CRAIG JOHNSTONE	1.00	\ \		37					0	0
BOARD TREASURER	1 00	Х		Х				0.	0.	0.
(4) BETH BROOKE-MARCINIAK	1.00	Х						0.	0.	0.
BOARD DIRECTOR (5) TINA BROWN	1.00	^						0.	0.	0.
BOARD DIRECTOR	1.00	Х						0.	0.	0.
(6) CANDACE BROWNING	1.00								•	•
BOARD DIRECTOR	100	x						0.	0.	0.
(7) KRISTIN CAMPBELL	1.00									•
BOARD DIRECTOR		х						0.	0.	0.
(8) DR. ROSITA VAN COEVORDEN	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(9) KAY ELLEN CONSOLVER	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(10) MANJU DHINGRA - UNTIL 04/2015	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(11) DEBORAH DINGELL - UNTIL 09/2015	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(12) AMBASSADOR PAULA J. DOBRIANSKY	1.00									
BOARD DIRECTOR	1 00	Х						0.	0.	0.
(13) SONNIE DOCKSER	1.00								•	•
BOARD DIRECTOR	1 00	Х						0.	0.	0.
(14) SAMIA FAROUKI	1.00	,,							0	0
BOARD DIRECTOR	1 00	Х				_		0.	0.	0.
(15) SALLY FIELD	1.00	Х						0.	0.	0.
BOARD DIRECTOR (16) NANCY FOLGER	1.00	^				-		0.	0.	0.
BOARD DIRECTOR	1.00	Х						0.	0.	0.
	1.00					-		0.	0.	0.
(17) DIANE VON FURSTENBERG						1				

532007 12-16-15

								SHIP, INC.	27-7121	337 Page 6
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) BARONESS MARY GOUDIE	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(19) DR. KAREN OTAZO HOFMEISTER	1.00								_	
BOARD DIRECTOR		Х						0.	0.	0.
(20) KATE JAMES	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(21) DONNA LANGLEY	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(22) MARLENE MALEK	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(23) BOBBIE GREENE MCCARTHY	45.00									
VP, DEV. & ENG UNTIL 08/2015, BOD		Х						138,974.	0.	7,711.
(24) DONNA COCHRAN MCLARTY	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(25) SUSAN NESS	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(26) NANCY PRAGER-KAMEL	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
1b Sub-total								138,974.	0.	7,711.
c Total from continuation sheets to Part V	II, Section A						ightharpoons	1,185,609.	0.	81,679.
d Total (add lines 1b and 1c)								1,324,583.	0.	89,390.
2 Total number of individuals (including but r	not limited to th	IOSE	liste	d al	hove	2) w/	no re	eceived more than \$100	0.000 of reportable	

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

				,,
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Х

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
HUNDREDTH MONKEY COLLECTIVE, LLC	FILM DIRECTING,	
410 7TH AVENUE, 4R, BROOKLYN, NY 11215	PRODUCTION	414,168.
STILLMOTION, LLC	FILM DIRECTING,	
524 BURNSIDE STREET, PORTLAND, OR 97214	PRODUCTION	189,580.
HOTEL CHINZANSO TOKYO, 10-8, SEKIGUCHI	LODGING/CONFERENCE	
2-CHOME, BUNKYO-KU, TOKYO, JAPAN 112-8680	FACIL.	154,696.
WALTHERS TOURS LIMITED, 9 SANDPIPER	LODGING/CONFERENCE	
AVENUE, DOUGLASDALE, SOUTH AFRICA	FACIL.	132,902.
RESTAURANT ASSOCIATES		
2700 F STREET, NW, WASHINGTON, DC 20566	CATERING	128,086.
2 Total number of independent contractors (including but not limited to those lists	ed above) who received more than	

\$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

	ICES GLO	B_{I}	AL_	PΖ	AR'	ľNi	€R,	SHIP, INC.	52-215	1557
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	oyee	s, a	nd l	ligh	est	Compensated Employ	yees (continued)	
(A) (B) (C)								(D)	(E)	(F)
Name and title	Average			Pos	-	1		Reportable	Reportable	Estimated
	hours	(check all that apply)				арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	١.				yee		the	organizations	compensation
	(list any	recto				em pl		organization	(W-2/1099-MISC)	from the
	hours for	or di	99			sated		(W-2/1099-MISC)		organization
	related organizations	rustee	l frust		ee Ge	npen				and related organizations
	below	dualt	tiona	١.	nploy	st cor	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) VICTORIA SANT	1.00					F				
BOARD DIRECTOR		х						0.	0.	0.
(28) ROSELYNE SWIG	1.00									
BOARD DIRECTOR		х						0.	0.	0.
(29) KATHLEEN VAUGHAN	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(30) ALYSE NELSON	55.00									
PRESIDENT AND CEO				Х				213,118.	0.	13,650.
(31) ALVIN ALLGOOD	45.00									
CHIEF OPERATING OFFICER				Х				188,570.	0.	16,449.
(32) CYNTHIA DYER	45.00									
VP, HUMAN RIGHTS					Х			151,175.	0.	18,314.
(33) MALINI PATEL	45.00									
VP, ECON. EMPOWERMENT & ENTREPREN.						X		138,924.	0.	4,927.
(34) SARA VANDEPEUTE	45.00									
VP, FINANCE & ADMINISTRATION						Х		127,107.	0.	6,666.
(35) MARGUERITE BERGER	32.00									
VP, IMPACT, EVALUATION AND RESEARCH						Х		125,638.	0.	7,109.
(36) LIAM DALL	45.00									
DIRECTOR OF DEVELOPMENT						Х		122,483.	0.	6,908.
(37) ZOE DEAN SMITH	45.00									
SENIOR DIRECTOR, GLOBAL PROGRAMS						Х		118,594.	0.	7,656.
		ł								
		\vdash								
		ł								
		1								
		_								
Total to Part VII, Section A, line 1c								1,185,609.		81,679.
Total to Fait VII, Ocotion A, IIIIe To								_ = , = = = , = = = .	1	,-,

Pa	rt VI					
		Check if Schedule O contains a response or note to any	/ line in this Part VIII			. <u></u>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns 1a				
ž og r		Membership dues 1b				
s, C		Fundraising events 1c 1,985,557	7.			
gif. Jar		Related organizations 1d				
ini,	e	Government grants (contributions) 1e 3,243,707	7.			
rior S	f	All other contributions, gifts, grants, and				
ğ ţ		similar amounts not included above If 7,633,428	<u> </u>			
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines 1a-1f: \$				
<u>ā Ö</u>	h	Total. Add lines 1a-1f	12862692.			
		Business Co	de			
Program Service Revenue	2 a	·				
e S	b	·				
m S	С					
gra Re	d	· 				
Pro	e					
		All other program service revenue Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and				
		other similar amounts)	•			
	4	Income from investment of tax-exempt bond proceeds	•			
	5	Royalties	·			
		(i) Real (ii) Persona	1			
	6 a	Gross rents				
	b	Less: rental expenses				
		Rental income or (loss)				
	d	Net rental income or (loss)	>			
	7 a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory				
	b	Less: cost or other basis				
		and sales expenses				
		Gain or (loss)				
		Net gain or (loss) Gross income from fundraising events (not	*			
Other Revenue	0 a	including \$ 1,985,557. of				
eve		contributions reported on line 1c). See				
P.		Part IV, line 18 a 135 , 678				
₽		b T47,340				611 660
	l	Net income or (loss) from fundraising events	-611,662.			-611,662.
	9 a	Gross income from gaming activities. See				
		Part IV, line 19 a				
		b Less: direct expenses b				
		Net income or (loss) from gaming activities	>			
	10 a	Gross sales of inventory, less returns				
	۱ ,	and allowances a Less: cost of goods sold b				
		: Net income or (loss) from sales of inventory	-			
	<u>`</u>	Miscellaneous Revenue Business Co	de			
	11 a	SUBLEASE INCOME 900099				127,028.
		REFUNDS 900099				6,598.
		OTHER REVENUE 900099				394.
	l	All other revenue				
		Total. Add lines 11a-11d	134,020.			
	12	Total revenue. See instructions.	12385050.	0.	0.	-477,642.

532009 12-16-15

Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A).						
	Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b. (A) (B) (C) (D)									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	46,948.	46,948.							
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22	45,575.	45,575.							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16	1,587,572.	1,587,572.							
4	Benefits paid to or for members									
5	Compensation of current officers, directors,		404 -00		444 40-					
	trustees, and key employees	747,961.	186,509.	414,767.	146,685.					
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	3,066,785.	2,178,311.	486,553.	401,921.					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	45,814.	31,777.	8,024.	6,013.					
9	Other employee benefits	264,285.	177,580.	48,014.	38,691.					
10	Payroll taxes	273,061.	170,398.	63,581.	39,082.					
11	Fees for services (non-employees):									
а	Management									
b	Legal	27,006.	18,008.	8,998.						
	Accounting	62,345.		62,345.						
d	Lobbying	218.	218.							
	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,									
	column (A) amount, list line 11g expenses on Sch O.)	1,197,719.	1,147,724.	33,655.	16,340.					
12	Advertising and promotion									
13	Office expenses	250,659.		136,021.	20,924.					
14	Information technology	113,743.	71,234.	30,227.	12,282.					
15	Royalties									
16	Occupancy	712,028.		712,028.						
17	Travel	1,271,411.	1,196,376.	70,527.	4,508.					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	581,548.	571,151.		10,397.					
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	49,551.	18,336.	31,215.						
23	Insurance	47,582.		47,582.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)									
	amount, list line 24e expenses on Schedule 0.) '									
а	RETURN OF UNUSED GRANTS	38,475.	38,475.							
b	BAD DEBT EXPENSE	16,533.		16,533.						
С	G&A ALLOCATION	0.	1,368,892.	-1,495,380.	126,488.					
d										
е	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	10,446,819.	8,948,798.	674,690.	823,331.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									
					Form 990 (2015)					

Form **990** (2015)

12100802 786783 VVGP

Part	Χ	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,630,677.	1	4,170,892.
	2	Savings and temporary cash investments			162,899.	2	46,204.
	3	Pledges and grants receivable, net			3,956,383.	3	4,183,661
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
g		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use			22,009.	8	19,631
	9	5		[197,816.	9	294,494
-	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	413,256.			
	b	Less: accumulated depreciation	10b	301,582.	156,752.	10c	111,674
-	11	Investments - publicly traded securities				11	
-	12	Investments - other securities. See Part IV, line				12	70,733
-	13	Investments - program-related. See Part IV, line	11			13	
-	14	Intangible assets				14	
-	15	Other assets. See Part IV, line 11			59,420.	15	11,987
	16	Total assets. Add lines 1 through 15 (must equal line 34)			7,185,956.	16	8,909,276
	17	Accounts payable and accrued expenses			393,663.	17	441,228
	18	Grants payable				18	
	19	Deferred revenue			259,827.	19	6,975
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D	6,855.	21	983
S 2	22	Loans and other payables to current and former	officer	s, directors, trustees,			
Liabilities		key employees, highest compensated employee					
iab		Complete Part II of Schedule L				22	
- 2	23	Secured mortgages and notes payable to unrela				23	
2	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
2	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of	405 463		401 511
		Schedule D			405,463.	25	401,711
	26	Total liabilities. Add lines 17 through 25			1,065,808.	26	850,897.
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🔼 and			
Ses		complete lines 27 through 29, and lines 33 an			1 405 070		1 405 276
a	27	Unrestricted net assets			1,485,070.	27	1,485,276.
Bal 3	28	Temporarily restricted net assets			4,635,078.	28	6,573,103.
[]	29					29	
		Organizations that do not follow SFAS 117 (A	SC 958	B), check here ▶ ☐ ☐			
5		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
y	32	Retained earnings, endowment, accumulated in			6 120 140	32	0 050 270
_ `	33	Total net assets or fund balances			6,120,148.	33	8,058,379
:	34	Total liabilities and net assets/fund balances			7,185,956.	34	8,909,276.



1 0111	1000 (2010)			1 4	90 -
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,38		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,44		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,93		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,12	0,1	48.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	8,05	8,3	79.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	· · · · · · · · · · · · · · · · · · ·			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa				
	consolidated basis, or both:	,			
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit.			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
Ju	Act and OMB Circular A-133?	-	За	Х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	uired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	
	S. Sasans, S. p.s Shiddid o dirid docombo diriy otopo tanon to diridorgo ddon dddito				

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

VITAL VOICES GLOBAL PARTNERSHIP, INC.

Pa	art I Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
he (ne organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)								
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:	•					•	
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ned in	
_		section 170(b)(1)(A)(iv). (C		g ,		, 3			
6		A federal, state, or local gov	-	nental unit described in	section 17	70(b)(1)(A)	(v).		
	X	An organization that norma	-					nublic described in	
•		section 170(b)(1)(A)(vi). (Co	•	and part of its support	rom a gov	ommonta	unit of from the general	pablic accorded in	
8		A community trust describe	•	(1)(A)(vi) (Complete Par	+ II \				
9	H	An organization that norma				contribution	one momborehin foos a	and gross receipts from	
5		activities related to its exen	•	•	-				
			•					•	
		income and unrelated busin See section 509(a)(2). (Cor		(less section of reak) in	om busine	sses acqu	illed by the organization	arter June 30, 1973.	
10		An organization organized a	. ,	ively to toot for public or	ofaty Can	naction EC)(/a)/4)		
11	H	•	•	•	•			nurnages of one or	
• •		An organization organized a more publicly supported organization	· ·	•	•		•		
			•					SHECK THE DOX III	
_		lines 11a through 11d that				•		, airtin a	
а	L	Type I. A supporting orga		•					
		the supported organization			a majority (or the alree	ctors or trustees of the s	supporting	
L		organization. You must o	•		4: · · · · · · · · · · · · · · · · ·				
D		Type II. A supporting org	· ·					-	
		control or management o			ame perso	ons that co	ontrol or manage the sup	рропеа	
		organization(s). You mus	- ·					1 20	
С		Type III functionally inte	-				• •	ed with,	
		its supported organization		•					
d		Type III non-functionally							
		that is not functionally int	-	• •	-		-	iveness	
		requirement (see instructi	•	- ·					
е		Check this box if the orga					ı Type I, Type II, Type III		
_		functionally integrated, or							
t		r the number of supported of							
g		ride the following information Name of supported	about the supporte		(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of	
	(organization	(11) = 114	(described on lines 1-9	listed i	n your	support (see	other support (see	
		- g		above (see instructions))	governing o		instructions)	instructions)	
					Yes	No	-	·	
[∩ta									

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

Schedule A (Form 990 or 990-EZ) 2015 VITAL VOICES GLOBAL PARTNERSHIP, INC. 52-2151557 Page 2

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

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

Sec	ction A. Public Support			•				
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
1	Gifts, grants, contributions, and	, ,	` ,	` ,	` '	. ,		
	membership fees received. (Do not							
	include any "unusual grants.")	8372218.	10050432.	13060167.	9582541.	12862692.	53928050.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge		100-0100					
4	Total. Add lines 1 through 3	8372218.	10050432.	13060167.	9582541.	12862692.	53928050.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,						16504310	
	column (f)						16584318. 37343732.	
	Public support. Subtract line 5 from line 4.						3/343/34.	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(a) 2012	(4) 2014	(a) 2015	(f) Total	
	Amounts from line 4	(a) 2011 8372218 a	(b) 2012 10050432.	(c) 2013 13060167.	(d) 2014 9582541.	12862692	(f) Total 53928050.	
	Gross income from interest,	03722101	100301321	130001070	33023121	120020321	333200301	
Ü	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	351.	22,029.	41,323.	123,966.	127,028.	314,697.	
9	Net income from unrelated business				,		00000	
·	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 VI.)	5,652.	4,828.	7,486.	2,773.	394.		
11	Total support. Add lines 7 through 10						54263880.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	490,523.	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)		
_	organization, check this box and stop						>	
	ction C. Computation of Publ		<u> </u>				60.00	
	Public support percentage for 2015 (I					14	68.82 %	
	Public support percentage from 2014					15	65.81 %	
16a	33 1/3% support test - 2015. If the o	-						
	stop here. The organization qualifies as a publicly supported organization							
b	33 1/3% support test - 2014. If the c	•		•		•		
47-	and stop here. The organization qualifies as a publicly supported organization							
ı/a	7a 10% -facts-and-circumstances test - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
h								
O	 10% -facts-and-circumstances test more, and if the organization meets the 	_						
	organization meets the "facts-and-circ						_	
12	Private foundation. If the organization							
	ato roundation in the organizatio	did flot bricon a	20/ OIT III O 10, 10	a, 100, 11a, 01 11t	5, 51100K 1110 DOX 6	and doc mondered		

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Capability Cap	Sec	etion A. Public Support	elow, please com	ipietė Part II.)				
1 Gills, grants, contributions, and membership deer received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, to contribute the properties of the pr			(a) 2011	(b) 2012	(6) 2013	(4) 2014	(a) 2015	(f) Total
membership fees received. (Do not include any "unusual grants"). 2 Gross receipts from admissions, memchandles sold or services performed, or facilities furnished in any activity that is railated to the organization's tax-exempt purpose of gross receipts from admissed that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total, Add lines 1 through 5		· ' ' - ' - ' - ' - ' - ' - ' - ' - ' -	(a) 2011	(6) 2012	(6) 2013	(u) 2014	(e) 2013	(i) Total
include any "unusual grants.") Gross necepits from admissions, marchandise sold or services performed, or facilities furnished in any activity that is related to the organization's take exempt purpose at a control of the organization's take exempt purpose at a control of the organization's take exempt purpose at a control of the organization's take exempt purpose at a control of the organization's benefit and either paid to or expended on its obhalf or expended on this obhalf or expended on the organization without charge of Take and the organization of the organization org	'	, ,						
2 Gross receipts from admissions, merchandice sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose and any activity that is related to the organization's tax-exempt purpose and any activity that is related to the organization's tax-exempt purpose and any activity that is related to the organization's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and expended on its behal		·						
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(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

	Yes	No
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3a		
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3b		
3c		
4a		
4b		
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m 990 or 9	90-E <i>7</i>	2015
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Pai	Part IV Supporting Organizations (continued				
				Yes	No
11	1 Has the organization accepted a gift or contribution from	om any of the following persons?			
	below, the governing body of a supported organization		11a		
b	b A family member of a person described in (a) above?		11b		
	c A 35% controlled entity of a person described in (a) or		11c		
	ection B. Type I Supporting Organizations	(S) above tee to a, s, or e, provide detail art in			
				Yes	No
1	1 Did the directors, trustees, or membership of one or m	nore supported organizations have the nower to			110
•	regularly appoint or elect at least a majority of the orga				
	tax year? If "No," describe in Part VI how the support				
	controlled the organization's activities. If the organizati				
		rectors or trustees were allocated among the supported			
	• • • • • • • • • • • • • • • • • • • •	•	1		
2	organizations and what conditions or restrictions, if any		•		
2	. , , , ,				
	organization(s) that operated, supervised, or controlled Part VI how providing such benefit carried out the pure				
		poses of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.		2		
Sec	ection C. Type II Supporting Organizations			.,	
	4 Month of the state of the sta			Yes	No
1	, ,				
	or trustees of each of the organization's supported organization				
	or management of the supporting organization was ves	sted in the same persons that controlled or managed			
<u> </u>	the supported organization(s).		1		
Sec	ection D. All Type III Supporting Organization	IIIS			
				Yes	No
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		he type and amount of support provided during the prior tax			
		y filed as of the date of notification, and (iii) copies of the			
_		ate of notification, to the extent not previously provided?	1		
2		ustees either (i) appointed or elected by the supported			
		a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous we		2		
3	1				
	significant voice in the organization's investment polic				
	income or assets at all times during the tax year? If "Y	es," describe in Part VI the role the organization's			
	supported organizations played in this regard.		3		
Sec	ection E. Type III Functionally-Integrated Su				
1		n used to satisfy the Integral Part Test during the yea(see instructions):			
а		•			
b	b The organization is the parent of each of its sup	ported organizations. Complete line 3 below.			
С		ity. Describe in Part VI how you supported a government entity (see instruc	ctions)		
2	2 Activities Test. Answer (a) and (b) below.			Yes	No
а	a Did substantially all of the organization's activities dur	ing the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization	n was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how the	se activities directly furthered their exempt purposes,			
	how the organization was responsive to those support	ed organizations, and how the organization determined			
	that these activities constituted substantially all of its a	ctivities.	2a		
b	b Did the activities described in (a) constitute activities t	hat, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would	have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supporte	ed organization(s) would have engaged in these			
	activities but for the organization's involvement.		2b		
3	3 Parent of Supported Organizations. Answer (a) and (b)	below.			
а	a Did the organization have the power to regularly appo	int or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Prov	ride details in <i>Part VI.</i>	3а		
b	b Did the organization exercise a substantial degree of o	direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves " describe in P	art VI the role played by the organization in this regard	3h		1

532025 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 VITAL VOICES GLOBAL PARTNERSHIP, INC. 52-2151557 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	ĭ			
1							
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
_4	Add lines 1 through 3	4					
_5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1 b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other						
	factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d	3					
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by .035	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Section C - Distributable Amount				Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions)	6					
7	7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see						

Schedule A (Form 990 or 990-EZ) 2015

instructions).

52-2151557 Page 7 Schedule A (Form 990 or 990-EZ) 2015 VITAL VOICES GLOBAL PARTNERSHIP, INC.

Par	t V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		,	Current Year
_1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	the organization is responsive	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
_	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
•	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
′				
8	and 4c. Breakdown of line 7:			
	DISANGOWII OI IIIIG 1.			
а				

Schedule A (Form 990 or 990-EZ) 2015

c Excess from 2013 d Excess from 2014 e Excess from 2015 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER REVENUE
2011 AMOUNT: \$ 5,652.
2012 AMOUNT: \$ 4,828.
2013 AMOUNT: \$ 7,486.
2014 AMOUNT: \$ 2,773.
2015 AMOUNT: \$ 394.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

VITAL VOICES GLOBAL PARTNERSHIP, INC.

52-2151557

Organization type (check one):								
Filers of:		Section:						
Form 990	or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 990)-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
Note. On General	Check if your organization is covered by the General Rule or a Special Rule . Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special I								
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \ \sigma_{\text{\te							
but it mu	st answer "No" on	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization Employer identification number

VITAL VOICES GLOBAL PARTNERSHIP, INC.

52-2151557

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,777,184</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 1,415,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,371,579.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, audi ess, and zir + 4	\$ 1,300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 1,067,337.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>1,000,296</u> .	Person X Payroll

Name of organization Employer identification number

VITAL VOICES GLOBAL PARTNERSHIP, INC.

52-2151557

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 525,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>468,535.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$399,186.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

VITAL VOICES GLOBAL PARTNERSHIP, INC.

52-2151557

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
523453 10-26	i-15		990, 990-EZ, or 990-PF) (2015)

Employer identification number

Name of organization

VTTAL	VOICES GLOBAL PARTNERS	HTP. TNC.	52-2151557					
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou	ributions to organizations described columns (a) through (e) and the follow	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations					
	Use duplicate copies of Part III if addition		less of the year (entertins into once.)					
(a) No. from	· · · · · · · · · · · · · · · · · · ·							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gif	t					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
			_					
	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gif	t					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gif	it					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Section 501(c)(4), (5), or (6) organization	tions: Complete Bort III			
Name of organization	tions. Complete Part III.		Emp	loyer identification number
9	OICES GLOBAL PART	NERSHIP. IN		52-2151557
	janization is exempt unde			
Provide a description of the organiz Political expenditures Volunteer hours			> \$	
Part I-B Complete if the org	janization is exempt unde	er section 501(c)(3).	
1 Enter the amount of any excise tax	incurred by the organization unde	er section 4955	▶ \$	
2 Enter the amount of any excise tax	incurred by organization manage	rs under section 4955	▶ \$	
3 If the organization incurred a sectio	n 4955 tax, did it file Form 4720 f	or this year?		Yes No
4a Was a correction made?				
b If "Yes," describe in Part IV.				
Part I-C Complete if the org	janization is exempt unde	er section 501(c),	except section 501	(c)(3).
1 Enter the amount directly expended	by the filing organization for sec	tion 527 exempt funct	ion activities > \$	
2 Enter the amount of the filing organ	ization's funds contributed to oth	er organizations for se	ection 527	
exempt function activities			> \$	
3 Total exempt function expenditures	. Add lines 1 and 2. Enter here ar	nd on Form 1120-POL,		
line 17b				
4 Did the filing organization file Form	1120-POL for this year?			Yes No
5 Enter the names, addresses and en made payments. For each organiza	tion listed, enter the amount paid	from the filing organiz	ation's funds. Also enter th	ne amount of political
contributions received that were proposed political action committee (PAC). If				ate segregated fund or a
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
	_			

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



Schedule C (Form 990 or 990-EZ) 2015 Part II-A Complete if the org	VITAL VO	ICE	S GLOBAL PA	RTNERSHIP,	INC. 52-2	151557 Pag	ge 2 r	
section 501(h)).	gamzation is	CACI	iipt ulidel sectio		led Form 5700 (e	lection under	ı	
A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,								
expenses, and sha	-					, , ,		
B Check ▶ ☐ if the filing organiza	ation checked bo	x A ar	nd "limited control" pro	ovisions apply.				
	its on Lobbying ditures" means		nditures ints paid or incurred.)	(a) Filing organization's totals	(b) Affiliated gro totals	up	
1a Total lobbying expenditures to infl	luence public op	inion (grass roots lobbying)		4,596.			
b Total lobbying expenditures to infl					3,064.			
c Total lobbying expenditures (add l					7,660.			
d Other exempt purpose expenditur					10,406,179.			
e Total exempt purpose expenditure					10,413,839.			
f Lobbying nontaxable amount. Ent					670,692.			
If the amount on line 1e, column (a)			bying nontaxable am					
Not over \$500,000	20)% of	the amount on line 1e.					
Over \$500,000 but not over \$1,00	00,000 \$1	00,00	0 plus 15% of the exc	ess over \$500,000.				
Over \$1,000,000 but not over \$1,5	500,000 \$1	75,00	0 plus 10% of the exc	ess over \$1,000,000.				
Over \$1,500,000 but not over \$17	7,000,000 \$2	25,00	0 plus 5% of the exce	ess over \$1,500,000.				
Over \$17,000,000	\$1	,000,0	000.					
g Grassroots nontaxable amount (en	nter 25% of line	1f)			167,673.			
h Subtract line 1g from line 1a. If zer	ro or less, enter -	0			0.			
i Subtract line 1f from line 1c. If zer					0.			
j If there is an amount other than ze	ero on either line	1h or	line 1i, did the organiz	ation file Form 4720	_		1	
reporting section 4911 tax for this	•				L	Yes	No	
			eraging Period Under	• •		_		
(Some organizations t			01(h) election do not ate instructions for li	-	of the five columns b	elow.		
			nditures During 4-Yea					
Calendar year					(1) 0045	() T		
(or fiscal year beginning in)	(a) 2012		(b) 2013	(c) 2014	(d) 2015	(e) Total		
2a Lobbying nontaxable amount	651,7	83.	688,210.	665,769.	670.692.	2,676,45	54.	
b Lobbying ceiling amount	33_7.		000,220	3337.323	0.0702			
(150% of line 2a, column(e))						4,014,68	31.	
(, , • •		
c Total lobbying expenditures	13,2	89.	9,250.	7,649.	7,660.	37,84	18.	
, 5			· · · · · · · · · · · · · · · · · · ·					
d Grassroots nontaxable amount	162,9	46.	172,053.	166,442.	167,673.	669,11	L4.	
e Grassroots ceiling amount								
(150% of line 2d, column (e))						1,003,67	71.	

Schedule C (Form 990 or 990-EZ) 2015

21,138.

4,596.

6,475.

9,302.

f Grassroots lobbying expenditures

765.

Schedule C (Form 990 or 990-EZ) 2015 VITAL VOICES GLOBAL PARTNERSHIP, INC. 52-215155 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 52-2151557 Page 3

(election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(k	o)
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	F04(-)(<u></u>	- 15	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6).	on 501(c)(5), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), secti				
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members		-	t III-A, lir	ne 3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
_	expenses for which the section 527(f) tax was paid).	ou.			
а	Current year		2a		
	Carryover from last year				
c					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list): Part II-	A. lines 1 a	and 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	,	(
	,,,,,,,,,,,,,,				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

VITAL VOICES GLOBAL PARTNERSHIP

Employer identification number 52-2151557

Pai	t I Organizations Maintaining Donor Advise		•	ds or Accou	Ints.Complete if the
	organization answered "Yes" on Form 990, Part IV, line				
	organization anowordd 100 on 1 on 1000, 1 ar 17, in c		advised funds	(b) Fun	ds and other accounts
1	Total number at end of year			 	
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
	F				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	-			
_	are the organization's property, subject to the organization's e				Yes No
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or	r donor advisor, o	r for any other purpos	se conterring	
Da	impermissible private benefit?				Yes No
Pai				, Part IV, line /	•
1	Purpose(s) of conservation easements held by the organization		¬ '		
	Preservation of land for public use (e.g., recreation or ed	ducation)	☐ Preservation of a his		
	Protection of natural habitat		□ Preservation of a ce	ertified historic	structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation	contribution in the form	m of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru	ucture included in	(a)	2c	
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and	not on a historic struc	cture	
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguish	ed, or terminated by t	he organizatior	during the tax
	year ▶				
4	Number of states where property subject to conservation eas	sement is located	>		
5	Does the organization have a written policy regarding the peri	iodic monitoring,	inspection, handling o	- ·f	
	violations, and enforcement of the conservation easements it	holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I				
	>				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations,	and enforcing conser	vation easemer	nts during the year
	▶ \$				
8	Does each conservation easement reported on line 2(d) above	e satisfy the requ	irements of section 17	70(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	include, if applicable, the text of the footnote to the organizati	ion's financial sta	tements that describe	s the organizat	tion's accounting for
	conservation easements.				
Pai	t III Organizations Maintaining Collections of	f Art, Historic	al Treasures, or	Other Simil	ar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line	8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to rep	ort in its revenue stat	ement and bala	ance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education	, or research in furthe	rance of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items.			
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report	in its revenue stateme	nt and balance	sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or resea	rch in furtherance of p	oublic service, p	provide the following amounts
	relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
				_	\$
2	If the organization received or held works of art, historical trea				e
	the following amounts required to be reported under SFAS 11				
а	Revenue included on Form 990, Part VIII, line 1		-		\$
b	Assets included in Form 990, Part X				

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

Schedule D (Form 990) 2015

532051 11-02-15

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)		()	Collections of A							5155/	
clocks all that apply : a		1 - 3									
a Public exhibition d	3		on, and other record	is, checi	k any or the	tollowing tha	it are a sigi	nilicant u	se or its	collection	tems
b Scholarly research e Other □ Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Descrow and Custodial Arrangements. Complete if the organization scelection? □ Yes No Part IV. Ine 9, or reported an amount on Form 990, Part X, Ine 21. Is Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Ine 21. Is Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Ine 21. Is Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Ine 21. Is Is the organization that arrangement in Part XIII and complete the following table: □ Beginning balance □ Beginning balance □ Beginning balance □ It I											
c			_								
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds: atther than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X. line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance			е	• []	Other						
So During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to traise funds rather than to be maintained as part of the organization's collection?		G									
Does be sold to raise funds rather than to be maintained as part of the organization is collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Inc 21. Tall is the organization and include an amount on Part XIII and complete the following table: Amount 1c Amount 1c Inc In									se in Par	t XIII.	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5			-		•				7	
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? A Use Inding balance 1bertines and the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 10. 1a Beginning of year balance 1b Contributions 1c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasiendowment y6 b Permanent endowment Image, 2a, b, and 2c should equal 100%. 3a Ave there endowment Image, 2a, b, and 2c should equal 100%. 3a Ave there endowment Image, 2a, b, and 2c should equal 100%. 5a Ave there endowment Image, 2a, b, and 2c should equal 100%. 4 Describe in Part XIII the intended uses of the organizations isleed as required on Schedule R? 4 Describe in Part XIII, the left and salinings, and Equipment. Complete if the organizations answered "Yes" on Form 990, Part IX, line 10. Description of property (a) Cost or other passis (investment) b Buildings c Leasehold improvements 175,174, 75,055, 100,119, de Equipment. C Eugenperents c Leasehold improvements 175,315, 95,315, 0,0	Dav										∟ No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par			ete if the	organizatio	on answered	"Yes" on F	orm 990,	Part IV,	line 9, or	
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance 1 E				diant for	contribution	an or other or	ecte not in	oludod			
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount	ıa									7	Y No
c Beginning balance d Additions during the year e Distributions during the year 1										⊥ res	_21_ NO
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? It	D	in res, explain the arrangement in Part Alli	and complete the fo	niowing	labie.					Amount	
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization in Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization in Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization in Funds. Funds and programs		Deginning belongs						10		Amount	
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes											
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X yes No bit "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part V, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or Not investment earnings, gains, and losses of Grants or scholarships c Net investment earnings, gains, and losses of Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (ai) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) depreciation 1a Land b Buildings c Leasehold improvements 175,174, 75,055, 100,119. d Equipment 195,315, 95,315, 95,315, 0.	_										
Part V Endowment Funds. Complete if the explanation has been provided on Part XIII X								^	v		
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Call Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back		· ·					•				
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years											
Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) depreciation 1a Land b Buildings c Leasehold improvements 175,174 - 75,055 100,119 - 4 Equipment C Leasehold improvements 175,174 - 75,055 1100,119 - 4 Equipment C Leasehold improvements 175,174 - 75,055 1100,119 - 4 Equipment C Leasehold improvements 175,174 - 75,055 1100,119 - 4 Equipment C Leasehold improvements 175,174 - 75,055 1100,119 - 4 Equipment C Leasehold improvements 175,174 - 75,055 1100,119 - 4 Equipment C Leasehold improvements 175,174 - 75,055 1100,119 - 4 Equipment C Leasehold improvements 175,174 - 75,055 1100,119 - 4 Equipment C Leasehold improvements 175,174 - 75,055 1100,119 - 4 Equipment C Leasehold improvements 175,174 - 75,055 1100,119 - 4 Equipment C Leasehold improvements 175,174 - 75,055 1100,119 - 4 Equipment C Leasehold improvements 175,174 - 75,055 1100,119 - 4 Equipment C Leasehold improvements 175,174 - 75,055 1100,119 - 4 Equipment C Leasehold improvements 175,174 - 75,055 1100,119 - 4 Equipment C Leasehold improvements	ı aı	Endowment I dries. Complete I							ara baak	(a) Four v	ore book
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Administrative expenditures for facilities and programs f Administrative expenses g End of year balance	4.	Deginning of year balance	(a) Current year	(0) P	nor year	(C) TWO yea	IS DACK (U) Tillee ye	ais back	(e) i oui ye	ais Dack
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (ii) related organizations 5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements 175,174. 75,055. 100,119. d Equipment 2 Equipment 142,767, 131,212. 11,555. e Other 95,315. 95,315.		ı									
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶											
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		Ī									
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		Ī									
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements 175,174. 75,055. 100,119. d Equipment 4 Describe improvements 175,174. 75,055. 100,119. d Equipment 4 Description of property 95,315. 95,315. 0.	е	·									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	_										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		Ī									
a Board designated or quasi-endowment ▶	g	•									
b Permanent endowment ▶			•	•	g, column (a	a)) held as:					
c Temporarily restricted endowment ▶		·		_%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 3a(ii) 3		·									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 4 Equipment 5 Description of property 1 Land 1 Land 1 Land 2 Description of property 3 Description of property 4 Description of property 4 Description of property 5 Description of property 6 Description of property 7 Description of property 7 Description of property 8 Description of property 9 Description of property 1 Land 1 Land 1 Land 1 Land 1 Land 2 Description of property 9 Description of property 1 Land 1 Land 9 Description of property 1 Land 9 Description of pro	С										
by: (i) unrelated organizations 3a(i)		, ,									
(i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment c Other 142,767, 131,212, 11,555. e Other 95,315, 95,315, 0.	3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for the	organiza	ition		
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land b Buildings c Leasehold improvements 175,174. 75,055. 100,119. d Equipment 142,767. 131,212. 11,555. e Other 95,315. 95,315. 0.											es No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Other 95,315. 3b (d) Book value 1175,174. 75,055. 100,119. 142,767. 131,212. 11,555. 100.										3a(i)	
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Other 95,315. 0.		(ii) related organizations								3a(ii)	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements 175,174. 75,055. 100,119. d Equipment 142,767. 131,212. 11,555. e Other 95,315. 95,315. 0.	b) 				3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation				wment	funds.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	Par										
basis (investment) basis (other) depreciation 1a Land Image: square of the control of the c		· · · · · · · · · · · · · · · · · · ·	1			1					
b Buildings c Leasehold improvements 175,174. 75,055. 100,119. d Equipment 142,767. 131,212. 11,555. e Other 95,315. 95,315. 0.		Description of property					` '		1	(d) Book v	alue
b Buildings c Leasehold improvements 175,174. 75,055. 100,119. d Equipment 142,767. 131,212. 11,555. e Other 95,315. 95,315. 0.	1a	Land									
c Leasehold improvements 175,174. 75,055. 100,119. d Equipment 142,767. 131,212. 11,555. e Other 95,315. 95,315. 0.											
d Equipment 142,767. 131,212. 11,555. e Other 95,315. 95,315.											
e Other 95,315. 95,315. 0.										11	, 555.
								9 <u>5</u> ,31	5.		0.
				X, colur	nn (B), line	10c.)				111	,674.

Schedule D (Form 990) 2015

	S GLOBAL PA	ARTNERSHIP, I	NC. 52	-2151557 Page 3
Part VII Investments - Other Securities.		" 44 0 5 000	5	
Complete if the organization answered "Yes"	on Form 990, Part IV, (b) Book value			d - #
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990. Part IV.	line 11c. See Form 990.	Part X. line 13.	
(a) Description of investment	(b) Book value			d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		line 11d. See Form 990,	Part X, line 15.	
(a)	Description			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	2.15			
Part X Other Liabilities.	- 10.)			
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11e or 11f See Forn	n 990 Part X line 25	.
1. (a) Description of liability	1	(b) Book value	11000,1 4117, 1110 20	•
(1) Federal income taxes		. ,		
(2) DEFERRED RENT AND LEASE B	ENEFIT	391,511.		
(3) SECURITY DEPOSIT	-	10,200.		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	401,711.		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2015



Dart YI	Reconciliation of	f Revenue	ner Audit	ed Financia	al Statements With	Revenue	ner Return
Schedule D	(Form 990) 2015	Λ T.I. Ψ Γ	VOICES	GLOBAL	PARTNERSHIP	, INC.	52-2151557

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	13,399,916.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	394,554.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	747,340.		
е	Add lines 2a through 2d			2e	1,141,894.
3	Subtract line 2e from line 1			3	12,258,022.
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	4a			
b	Other (Describe in Part XIII.)	4b	127,028.		
_	Add lines 4a and 4b			4c	127,028.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	12,385,050.
D -					
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments Wit	h Expenses per	Retu	ırn.
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		h Expenses per	Retu	
1	- · ·	2a.		Retu	ırn. 11,461,685.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a. 			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a. 			
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a. 2 a			
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a	394,554.		
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a 2b 2c			11,461,685.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	394,554.		1,141,894.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	394,554.	1	11,461,685.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	394,554.	1 2e	1,141,894.
1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2a 2b 2c 2d	394,554. 747,340.	1 2e	1,141,894.
1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2a 2b 2c 2d	394,554.	1 2e	1,141,894. 10,319,791.
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	394,554. 747,340.	1 2e	1,141,894.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

AS OF DECEMBER 31 2015 VITAL VOICES HELD \$983 ON BEHALF OF OTHERS. THIS BALANCE IS REPORTED IN PART X, LINE 21. THE ESCROW FUNDS REPRESENT ROYALTY FUNDS FOR THE THEATRICAL PLAY, SEVEN. THESE FUNDS ARE COLLECTED AND DISTRIBUTED TO THE SEVEN VITAL VOICES NETWORK WOMEN PORTRAYED IN THE PLAY.

PART X, LINE 2:

VITAL VOICES PERFORMED AN EVALUATION OF ITS UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2015, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

Schedule D (Form 990) 2015 VITAL VOICES GLOBAL PARTNERSHIP, INC.	52-2151557 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	747,340.
DADE VI I INE AD OHUED AD THOMPANDO.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
SUBLEASE EXPENSES	127,028.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	747,340.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
	107.000
SUBLEASE EXPENSES	127,028.
	_

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

VITAL VOICES GLOBAL PARTNERSHIP, 52-2151557 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

SUB-SAHARAN AFRICA 0	3 Activities per Region. (T	he following Parl	I, line 3 table ca	an be duplicated if additional space is	needed.)	
SUB-SAHARAN AFRICA 0 21 PROGRAM SERVICES AND MENTORING NETWORKING AND MENTORING FOR SMALL 1,056,374	(a) Region	offices	employees, agents, and independent contractors	(by type) (e.g., fundraising, program services, investments, grants to	is a program service, describe specific type of service(s) in region	expenditures for and investments
HUMAN RIGHTS PROGRAMMING TO ADDRESS THE ISSUE OF VIOLENCE AGAINST WOMEN AND HUMAN TRAFFICKING; 255,676	SUB-SAHARAN AFRICA	0	21	PROGRAM SERVICES	TRAINING, TECHNICAL ASSISTANCE, NETWORKING,	1,056,374.
TO ADDRESS THE ISSUE OF VIOLENCE AGAINST WOMEN 255,676	SUB-SAHARAN AFRICA	0	0	GRANTMAKING		513,793.
SOUTH ASIA					TO ADDRESS THE ISSUE OF	
BUSINESS AND LEADERSHIP TRAINING, TECHNICAL ASSISTANCE, NETWORKING, AND MENTORING FOR SMALL SOUTH AMERICA O 0 GRANTMAKING SOUTH AMERICA O 0 GRANTMAKING NETWORKING, CAPACITY BUILDING, MENTORING AND LEADERSHIP PROGRAM; NEIGHBORING STATES O 0 PROGRAM SERVICES HUMAN RIGHTS PROGRAMMING 7,654 RUSSIA AND NEIGHBORING STATES O 0 GRANTMAKING STATES O 0 GRANTMAKING 25,000 3 a Sub-total D 18 C Totals (add lines 3a	SOUTH ASIA	0	6	PROGRAM SERVICES	AND HUMAN TRAFFICKING;	255,676.
TRAINING, TECHNICAL ASSISTANCE, NETWORKING, AND MENTORING FOR SMALL 191,227	SOUTH ASIA	0	0	GRANTMAKING		186,488.
SOUTH AMERICA 0 0 GRANTMAKING 41,555	GOVERN AMERICA		_	DOGD W. GDDVI GIG	TRAINING, TECHNICAL ASSISTANCE, NETWORKING,	101 227
RUSSIA AND RUSSIA AND RUSSIA AND RUSSIA AND RUSSIA AND RUSSIA AND REIGHBORING STATES 0 0 0 0 0 0 0 0 0 0 0 0 0	SOUTH AMERICA	0	5	PROGRAM SERVICES	AND MENTORING FOR SMALL	191,227.
RUSSIA AND NEIGHBORING STATES 0 0 PROGRAM SERVICES HUMAN RIGHTS PROGRAMMING 7,654 RUSSIA AND NEIGHBORING STATES 0 0 GRANTMAKING 25,000 3 a Sub-total 0 32 2,277,767 b Total from continuation sheets to Part I 0 18 2,003,713 c Totals (add lines 3a	SOUTH AMERICA	0	0	GRANTMAKING		41,555.
RUSSIA AND NEIGHBORING STATES 0 0 GRANTMAKING 25,000 3 a Sub-total 0 32 2,277,767 b Total from continuation sheets to Part I 0 18 2,003,713 c Totals (add lines 3a		0	0	PROGRAM SERVICES	BUILDING, MENTORING AND LEADERSHIP PROGRAM;	7.654.
NEIGHBORING STATES 0 0 GRANTMAKING 25,000 3 a Sub-total 0 32 2,277,767 b Total from continuation sheets to Part I 0 18 2,003,713 c Totals (add lines 3a 50 4,201,400	RUSSIA AND					
b Total from continuation sheets to Part I 0 18 2,003,713 c Totals (add lines 3a		0	0	GRANTMAKING		25,000.
sheets to Part I 0 18 2,003,713 c Totals (add lines 3a	3 a Sub-total	0	32			2,277,767.
c Totals (add lines 3a		0	18			2,003,713.
		0	50			4,281,480.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2015



Schedule F (Form 990)	VITAL VO	ICES GLO	BAL PARTNERSHIP, IN									
(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 listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region							
NORTH AMERICA	0	2	PROGRAM SERVICES	BUSINESS AND LEADERSHIP TRAINING, TECHNICAL ASSISTANCE, NETWORKING, AND MENTORING FOR SMALL	62,703.							
NORTH AMERICA	0	0	GRANTMAKING		40,218.							
MIDDLE EAST AND				BUSINESS AND LEADERSHIP TRAINING, TECHNICAL ASSISTANCE, NETWORKING,								
NORTH AFRICA	l 0	9	PROGRAM SERVICES	AND MENTORING FOR SMALL	275,757.							
MIDDLE EAST AND												
NORTH AFRICA	l 0	0	 GRANTMAKING		616,573.							
EUROPE (INCLUDING	0		PROGRAM SERVICES	HUMAN RIGHTS PROGRAMMING TO ADDRESS THE ISSUE OF HUMAN TRAFFICKING;								
ICELAND & GREENLAND) EUROPE (INCLUDING			I ROGRAM BERVICES	NETWORKING, CAPACITY	137,011.							
ICELAND & GREENLAND)	0	0	GRANTMAKING		25,000.							
EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	HUMAN RIGHTS PROGRAMMING TO ADDRESS THE ISSUE OF HUMAN TRAFFICKING; NETWORKING, CAPACITY	481,630.							
EAST ASIA AND THE	0	0	GRANTMAKING		65,815.							
CENTRAL AMERICA AND				BUSINESS AND LEADERSHIP TRAINING, TECHNICAL ASSISTANCE, NETWORKING,								
THE CARIBBEAN	0	6	PROGRAM SERVICES	AND MENTORING FOR SMALL	225,874.							
CENTRAL AMERICA AND												
THE CARIBBEAN	0	0	GRANTMAKING		73,132.							
Totals		18			2,003,713.							

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
			IMPROVING UGANDA'S					
			CRIMINAL JUSTICE					
		SUB-SAHARAN	RESPONSE TO HUMAN					
		AFRICA	TRAFFICKING.	39,720.	WIRE TRANSFER	0.		
			BUILD AND EXPAND AN					
			EARLY WARNING SYSTEM					
		SUB-SAHARAN	IN NIGERIA THAT					
		AFRICA	ADDRESSES	152,188.	WIRE TRANSFER	0.		
		SUB-SAHARAN	SUPPORT FOR GROWTH OF					
		AFRICA	WOMAN-OWNED BUSINESS.	8,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN	SUPPORT FOR GROWTH OF					
		AFRICA	WOMAN-OWNED BUSINESS.	8,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN	SUPPORT FOR GROWTH OF					
		AFRICA	WOMAN-OWNED BUSINESS.	8,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN	SUPPORT FOR GROWTH OF					
		AFRICA	WOMAN-OWNED BUSINESS.	8,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN	SUPPORT FOR GROWTH OF					
		AFRICA	WOMAN-OWNED BUSINESS.	8,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN	SUPPORT FOR GROWTH OF					
		AFRICA	WOMAN-OWNED BUSINESS.	8,000.	WIRE TRANSFER	0.		

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Schedule F (Form 990) 2015

3 Enter total number of other organizations or entities

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CUD CAUADAN	GIIDDODE EOD GDOMEII OE					
		SUB-SAHARAN AFRICA	SUPPORT FOR GROWTH OF WOMAN-OWNED BUSINESS.	8 000	WIRE TRANSFER	0.		
				,,,,,,				
		SUB-SAHARAN	MENTORING PROGRAM FOR					
		AFRICA	SME BUINESSWOMEN.	14,144.	WIRE TRANSFER	0.		
			GRANT TO IMPLEMENT					
			TECHNOLOGY-BASED					
		SUB-SAHARAN	SOLUTIONS FOR LOCAL					
		AFRICA	ORGANIZATIONS.	9,000.	WIRE TRANSFER	0.		
			GRANT TO IMPLEMENT					
			TECHNOLOGY-BASED					
		SUB-SAHARAN	SOLUTIONS FOR LOCAL					
		AFRICA	ORGANIZATIONS.	7,700.	WIRE TRANSFER	0.		
			GRANT TO IMPLEMENT					
			TECHNOLOGY-BASED					
		SUB-SAHARAN	SOLUTIONS FOR LOCAL					
		AFRICA	ORGANIZATIONS.	7,200.	WIRE TRANSFER	0.		
			TURNIN DIGUES SDIVE SO					
			HUMAN RIGHTS GRANT TO					
		SUB-SAHARAN	WORK ON THE ISSUE OF	0 000	WIDE MDANGEED			
		AFRICA	HUMAN TRAFFICKING.	9,000.	WIRE TRANSFER	0.		
			HUMAN RIGHTS GRANT TO					
		SUB-SAHARAN	WORK ON THE ISSUE OF					
		AFRICA	HUMAN TRAFFICKING.	12,000.	WIRE TRANSFER	0.		
				,				
			HUMAN RIGHTS GRANT TO					
		SUB-SAHARAN	WORK ON THE ISSUE OF					
		AFRICA	HUMAN TRAFFICKING.	8,970.	WIRE TRANSFER	0.		
			GRANT TO SUPPORT THE					
			EDUCATION OF YOUNG					
		SUB-SAHARAN	WOMEN AND CHILDREN IN					
		AFRICA	UGANDA.	25,000.	WIRE TRANSFER	0.		

Part II Continuation of	Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
			GRANT TO INCREASE THE							
			INCOMES AND							
		SUB-SAHARAN	EMPLOYMENT OF WOMEN							
		AFRICA	WHO OWN MICRO	25,000.	WIRE TRANSFER	0.				
			GRANT TO SUPPORT A							
			HEALTH AND LEADERSHIP							
		SUB-SAHARAN	TRAINING PROGRAM AT A							
		AFRICA	GIRLS' BOARDING	10,000.	WIRE TRANSFER	0.				
			GRANT TO PROVIDE FREE							
			PRIMARY EDUCATION IN							
		SUB-SAHARAN	SOUTH-CENTRAL SOMALIA							
		AFRICA	AND ENHANCE EXISTING	7,440.	WIRE TRANSFER	0.				
			GRANT TO IMPLEMENT							
			TECHNOLOGY-BASED							
			SOLUTIONS FOR LOCAL							
		SOUTH ASIA	ORGANIZATIONS.	7,200.	WIRE TRANSFER	0.				
			GRANT TO IMPLEMENT							
			TECHNOLOGY-BASED							
			SOLUTIONS FOR LOCAL							
		SOUTH ASIA	ORGANIZATIONS.	9,000.	WIRE TRANSFER	0.				
			HUMAN RIGHTS GRANT TO							
			WORK ON THE ISSUE OF							
		SOUTH ASIA	HUMAN TRAFFICKING.	8,308.	WIRE TRANSFER	0.				
			SUPPORT TO ESTABLISH							
			AN EMERGENCY TRANSIT							
			SHELTER IN INDIA FOR							
		SOUTH ASIA	SPECIALIZED SCREENING	10,000.	WIRE TRANSFER	0.				
			SUPPORT FOR EDUCATION							
			FOR CHILDREN							
			INCLUDING							
		SOUTH ASIA	EXTRACURRICULAR AND	10,000.	WIRE TRANSFER	0.				
			GRANT TO IMPLEMENT AN							
			INNOVATIVE							
			COMMUNICATION AND							
		SOUTH ASIA	BEHAVIOR CHANGE	50,000.	WIRE TRANSFER	0.				

Part II Continuation	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			GRANT TO PROVIDE					
			SECURITY SERVICES FOR					
			A SHELTER FOR VICTIMS					
		SOUTH ASIA	OF SEX TRAFFICKING.	59,795.	WIRE TRANSFER	0.		
			SUPPORT FOR GROWTH OF		L			
		SOUTH AMERICA	WOMAN-OWNED BUSINESS.	8,000.	WIRE TRANSFER	0.		
			MENTORING PROGRAM FOR					
		SOUTH AMERICA	SME BUINESSWOMEN.	14 355	WIRE TRANSFER	0.		
		Doorn mankten	DAL BUINDBWOMEN.	14,333.	WIND TRUMSTER	Ŭ.		
			HUMAN RIGHTS GRANT TO					
			WORK ON THE ISSUE OF					
		SOUTH AMERICA	HUMAN TRAFFICKING.	9,000.	WIRE TRANSFER	0.		
				, , , , , , , , , , , , , , , , , , ,				
		RUSSIA AND	GRANT TO ADVOCATE					
		NEIGHBORING	CHANGE IN THE RUSSIAN					
		STATES	PENITENTIARY SYSTEM.	25,000.	WIRE TRANSFER	0.		
			SUPPORT FOR GROWTH OF					
		NORTH AMERICA	WOMAN-OWNED BUSINESS.	8,000.	WIRE TRANSFER	0.		
			MENTORING PROGRAM FOR			_		
		NORTH AMERICA	SME BUINESSWOMEN.	5,947.	WIRE TRANSFER	0.		
		MIDDLE EXCE AND	GUDDODE HOD GROWING OF					
		MIDDLE EAST AND	SUPPORT FOR GROWTH OF	0 000	WIRE TRANSFER	0.		
		NORTH AFRICA	WOMAN-OWNED BUSINESS.	0,000.	MIVE IVWNSLEK	· · ·		
		MIDDLE EAST AND	SUPPORT FOR GROWTH OF					
		NORTH AFRICA	WOMAN-OWNED BUSINESS.	8.000.	WIRE TRANSFER	0.		
			· · · · · · ·	, ,				

1 (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (g) Amount of (h) Descrip	Allow (I) Modern of of
(a) Name of organization and EIN (if applicable) (c) Region grant (d) I upose of the pose	sh valuation (book, FMV,
MIDDLE TROE AND GUDDONE FOR GROWING OF	
MIDDLE EAST AND SUPPORT FOR GROWTH OF NORTH AFRICA WOMAN-OWNED BUSINESS. 8,000.WIRE TRANSFER 0.	
NOME OF THE PROPERTY OF THE PR	
MIDDLE EAST AND SUPPORT FOR GROWTH OF	
NORTH AFRICA WOMAN-OWNED BUSINESS. 8,000.WIRE TRANSFER 0.	
MIDDLE EAST AND SUPPORT FOR GROWTH OF	
NORTH AFRICA WOMAN-OWNED BUSINESS. 8,000.WIRE TRANSFER 0.	
MIDDLE EAST AND SUPPORT FOR GROWTH OF	
NORTH AFRICA WOMAN-OWNED BUSINESS. 8,000.WIRE TRANSFER 0.	
MIDDLE EAST AND SUPPORT FOR GROWTH OF	
NORTH AFRICA WOMAN-OWNED BUSINESS. 8,000.WIRE TRANSFER 0.	
MIDDLE EAST AND MENTORING PROGRAM FOR	
NORTH AFRICA SME BUINESSWOMEN. 11,450.WIRE TRANSFER 0.	
GRANT TO FOSTER	
DIALOGUE AND MUTUAL	
MIDDLE EAST AND UNDERSTANDING IN THE	
NORTH AFRICA CONTEXT OF THE 30,000.WIRE TRANSFER 0.	
SUPPORT THE YOUNG	
WOMEN LEADERS	
MIDDLE EAST AND BUILDING PEACE AND	
NORTH AFRICA PROSPERITY PROGRAM IN 68,880 WIRE TRANSFER 0.	
EUROPE (INCLUDING ENCOURAGE MOTHERS TO	
ICELAND & PREVENT THE	
GREENLAND) RECRUITMENT OF YOUTH 25,000.WIRE TRANSFER 0.	

Part II	Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1 (a) Name	e of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
				GRANT TO SUPPORT A						
				VOCATIONAL TRAINING						
			EAST ASIA AND THE	SCHOOL WITH A MISSION						
			PACIFIC	TO TRAIN A SKILLED	10,000.	WIRE TRANSFER	0.			
				SUPPORT GRANT FOR						
				ORGANIZATION THAT						
			EAST ASIA AND THE	PROVIDES AND EMPOWERS						
			PACIFIC	VULNERABLE FAMILIES	50,000.	WIRE TRANSFER	0.			
					,					
			CENTRAL AMERICA	SUPPORT FOR GROWTH OF						
				WOMAN-OWNED BUSINESS.	8,000.	WIRE TRANSFER	0.			
					·					
			CENTRAL AMERICA	MENTORING PROGRAM FOR						
			AND THE CARIBBEAN	SME BUINESSWOMEN.	17,127.	WIRE TRANSFER	0.			
					,					
			CENTRAL AMERICA	MENTORING PROGRAM FOR						
				SME BUINESSWOMEN.	12 405.	WIRE TRANSFER	0.			
					,					
			CENTRAL AMERICA	MENTORING PROGRAM FOR						
				SME BUINESSWOMEN.	11 470.	WIRE TRANSFER	0.			
				CAPACITY BUILDING	,					
				GRANT FOR NEW						
			CENTRAL AMERICA	FOUNDATION WITH A						
				MISSION TO SUPPORT	10 000.	WIRE TRANSFER	0.			
							-			
									 	
			I	I		I .				

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
GENDER BASED VIOLENCE	MIDDLE EAST AND						
EMERGENCY ASSISTANCE FUND	NORTH AFRICA	87	429,836.	WIRE TRANSFER	0.		
GENDER BASED VIOLENCE							
EMERGENCY ASSISTANCE FUND	NORTH AMERICA	5	10,807.	WIRE TRANSFER	0.		
2015 MENTORING WALKS	NORTH AMERICA	1	918	WIRE TRANSFER	0.		
2013 MENIORING WALKS	NORTH AMERICA		910.	WIKE IRANSPEK	0.		
CENTED DAGED UTOLENGE							
GENDER BASED VIOLENCE EMERGENCY ASSISTANCE FUND	SOUTH AMERICA	1	2 200	WIRE TRANSFER	0.		
		_	2,200.				
GENDER BASED VIOLENCE							
EMERGENCY ASSISTANCE FUND	SOUTH ASIA	6	27,495.	WIRE TRANSFER	0.		
GENDER BASED VIOLENCE	SUB-SAHARAN						
EMERGENCY ASSISTANCE FUND	AFRICA	23	89,813.	WIRE TRANSFER	0.		
	SUB-SAHARAN						
2015 MENTORING WALKS	AFRICA	2	1,663.	WIRE TRANSFER	0.		



Instructions for Form 5713; do not file with Form 990)

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 2:

VITAL VOICES USES SOUND MONITORING AND EVALUATION PROCEDURES AND TOOLS FOR AWARDED GRANTS. FOR INSTANCE, ALL GRANT RECIPIENTS ARE REQUIRED TO ENTER INTO GRANT AWARD AGREEMENTS WITH VITAL VOICES, WHICH REQUIRE THEM TO PROVIDE NARRATIVE AND FINANCIAL REPORTING ON ALL FUNDS AWARDED. AS PART OF THE GRANT AGREEMENT, VITAL VOICES ALSO RESERVES THE RIGHT TO AUDIT, EXAMINE, AND MAKE OR REQUEST COPIES OF ALL ACCOUNTS, RECORDS, AND CORRESPONDENCE RELATED TO THE GRANT AS WELL AS REQUIRES THE GRANT RECIPIENT TO MAINTAIN GRANT RECORDS FOR AT LEAST 36 MONTHS AFTER THE AGREED UPON END DATE OF THE GRANT PERIOD. VITAL VOICES PERIODICALLY REQUESTS DOCUMENTATION SUPPORTING GRANT RECIPIENT FINANCIAL REPORTS AS PART OF ITS DUE DILIGENCE PRACTICES AND RESERVES THE RIGHT TO MAKE SITE VISITS.

IN 2014, VITAL VOICES BEGAN TO MANAGE A FUND TO PROVIDE EMERGENCY ASSISTANCE TO INDIVIDUALS FACING EXTREME ACTS OF GENDER-BASED VIOLENCE INCLUDING HARMFUL TRADITIONAL PRACTICES. THE EMERGENCY ASSISTANCE FUND PROVIDES SMALL SHORT-TERM GRANTS FOR EXPENSES THAT INCLUDE MEDICAL EXPENSES, PSYCHOSOCIAL SUPPORT OR COUNSELING, EMERGENCY SHELTER, RELOCATION EXPENSES, AND LIVELIHOOD. DUE TO THE SENSITIVE NATURE OF THIS SUPPORT, FINAL REPORTING IS NOT REQUIRED. EACH CASE IS THOROUGHLY VETTED THROUGH A RIGOROUS REFERRAL PROCESS.

PART I, LINE 3, COLUMN (E):

(E) SPECIFIC TYPES OF SERVICES IN REGION: BUSINESS AND LEADERSHIP TRAINING, TECHNICAL ASSISTANCE, NETWORKING, AND MENTORING FOR SMALL AND MEDIUM WOMEN OWNED BUSINESSES TRYING TO GROW; ADVOCACY PROGRAM FOR

Schedule F (Form 990) 2015 Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

WOMEN'S ECONOMIC OPPORTUNITIES AND GREATER LEADERSHIP IN CIVIL SOCIETY; HUMAN RIGHTS PROGRAMMING TO ADDRESS THE ISSUE OF VIOLENCE AGAINST WOMEN AND HUMAN TRAFFICKING; CAPACITY BUILDING, MENTORING AND LEADERSHIP PROGRAMS.

- (E) SPECIFIC TYPES OF SERVICES IN REGION: HUMAN RIGHTS PROGRAMMING TO ADDRESS THE ISSUE OF VIOLENCE AGAINST WOMEN AND HUMAN TRAFFICKING; NETWORKING, CAPACITY BUILDING, MENTORING AND LEADERSHIP PROGRAM.
- (E) SPECIFIC TYPES OF SERVICES IN REGION: BUSINESS AND LEADERSHIP TRAINING, TECHNICAL ASSISTANCE, NETWORKING, AND MENTORING FOR SMALL AND MEDIUM WOMEN OWNED BUSINESSES TRYING TO GROW; HUMAN RIGHTS PROGRAMMING TO ADDRESS THE ISSUE OF VIOLENCE AGAINST WOMEN AND TRAFFICKING; CAPACITY BUILDING, MENTORING AND LEADERSHIP PROGRAMS.
- (E) SPECIFIC TYPES OF SERVICES IN REGION: NETWORKING, CAPACITY BUILDING, MENTORING AND LEADERSHIP PROGRAM; HUMAN RIGHTS PROGRAMMING TO ADDRESS THE ISSUE OF VIOLENCE AGAINST WOMEN AND HUMAN TRAFFICKING.
- (E) SPECIFIC TYPES OF SERVICES IN REGION: BUSINESS AND LEADERSHIP TRAINING, TECHNICAL ASSISTANCE, NETWORKING, AND MENTORING FOR SMALL AND MEDIUM WOMEN OWNED BUSINESSES TRYING TO GROW; HUMAN RIGHTS PROGRAMMING TO ADDRESS THE ISSUE OF VIOLENCE AGAINST WOMEN; CAPACITY BUILDING, MENTORING AND LEADERSHIP PROGRAMS.
- (E) SPECIFIC TYPES OF SERVICES IN REGION: BUSINESS AND LEADERSHIP TRAINING, TECHNICAL ASSISTANCE, NETWORKING, AND MENTORING FOR SMALL AND 532075 10-01-15 Schedule F (Form 990) 2015

Part V Supplemental Information

Schedule F (Form 990) 2015

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

MEDIUM WOMEN OWNED BUSINESSES TRYING TO GROW; HUMAN RIGHTS PROGRAMMING TO ADDRESS THE ISSUE OF VIOLENCE AGAINST WOMEN AND HUMAN TRAFFICKING; CAPACITY BUILDING, MENTORING AND LEADERSHIP PROGRAMS.

- (E) SPECIFIC TYPES OF SERVICES IN REGION: HUMAN RIGHTS PROGRAMMING TO ADDRESS THE ISSUE OF HUMAN TRAFFICKING; NETWORKING, CAPACITY BUILDING, MENTORING AND LEADERSHIP PROGRAM.
- (E) SPECIFIC TYPES OF SERVICES IN REGION: HUMAN RIGHTS PROGRAMMING TO ADDRESS THE ISSUE OF HUMAN TRAFFICKING; NETWORKING, CAPACITY BUILDING, MENTORING AND LEADERSHIP PROGRAM.
- (E) SPECIFIC TYPES OF SERVICES IN REGION: BUSINESS AND LEADERSHIP TRAINING, TECHNICAL ASSISTANCE, NETWORKING, AND MENTORING FOR SMALL AND MEDIUM WOMEN OWNED BUSINESSES TRYING TO GROW; CAPACITY BUILDING, MENTORING AND LEADERSHIP PROGRAMS; HUMAN RIGHTS PROGRAMMING TO ADDRESS THE ISSUE OF VIOLENCE AGAINST WOMEN AND HUMAN TRAFFICKING.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: BUILD AND EXPAND AN EARLY WARNING SYSTEM IN NIGERIA THAT ADDRESSES GENDER-BASED VIOLENCE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: GRANT TO INCREASE THE INCOMES AND EMPLOYMENT OF WOMEN WHO OWN MICRO ENTERPRISES IN TANZANIA.

Part V Supplemental Information

Schedule F (Form 990) 2015

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: GRANT TO SUPPORT A HEALTH AND LEADERSHIP TRAINING PROGRAM AT A GIRLS' BOARDING SCHOOL IN RURAL KENYA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: GRANT TO PROVIDE FREE PRIMARY EDUCATION IN SOUTH-CENTRAL SOMALIA AND ENHANCE EXISTING EDUCATIONAL SERVICES.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SUPPORT TO ESTABLISH AN EMERGENCY TRANSIT SHELTER IN INDIA FOR SPECIALIZED SCREENING OF VICTIMS OF SEX TRAFFICKING.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SUPPORT FOR EDUCATION FOR CHILDREN INCLUDING EXTRACURRICULAR AND SKILL BUILDING PROGRAMS.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: GRANT TO IMPLEMENT AN INNOVATIVE COMMUNICATION AND BEHAVIOR CHANGE INTERVENTION THROUGH FILM MAKING TO HIGHLIGHT THE IMPORTANCE OF HAVING MEN AS AGENTS OF CHANGE TO END VIOLENCE AGAINST WOMEN.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: GRANT TO FOSTER DIALOGUE AND MUTUAL UNDERSTANDING IN THE CONTEXT OF THE ISRAELI-PALESTINIAN CONFLICT.

REGION: MIDDLE EAST AND NORTH AFRICA

Schedule F (Form 990) 2015 Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

(D) PURPOSE OF GRANT: SUPPORT THE YOUNG WOMEN LEADERS BUILDING PEACE AND PROSPERITY PROGRAM IN ISRAEL.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: GRANT TO SUPPORT AND ENCOURAGE MOTHERS TO PREVENT THE RECRUITMENT OF YOUTH BY EXTREMIST GROUPS.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: GRANT TO SUPPORT A VOCATIONAL TRAINING SCHOOL WITH A MISSION TO TRAIN A SKILLED WORK FORCE EDUCATED IN SUSTAINABILITY AND ENVIRONMENTAL RESPONSIBILITY.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: SUPPORT GRANT FOR ORGANIZATION THAT PROVIDES AND EMPOWERS VULNERABLE FAMILIES WITH KNOWLEDGE, SKILLS, OPPORTUNITIES, AND ACCESS TO FINANCE AND MARKETS.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: CAPACITY BUILDING GRANT FOR NEW FOUNDATION WITH A MISSION TO SUPPORT AND STRENGTHEN HAITIAN WOMEN BY PREPARING THEM TO MEET THE EXPECTATIONS OF THE GLOBAL MARKET PLACE.

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

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	OICES GLOBAL PARTI			-	22-2131	
Fundraising Activities. required to complete this part	Complete if the organization answert.	ered "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not
1 Indicate whether the organization rais	sed funds through any of the followi	ng acti	vities.	Check all that apply		
a Mail solicitations	e Solicita	ition of	non-g	overnment grants		
b Internet and email solicitations	s f Solicita	ition of	gover	nment grants		
c Phone solicitations	g Special	l fundra	aising	events		
d In-person solicitations						
2 a Did the organization have a written of	or oral agreement with any individua	ıl (inclu	ding o	fficers, directors, tru	stees or	
key employees listed in Form 990, P	art VII) or entity in connection with p	orofess	ional f	fundraising services?	Yes	□ No
b If "Yes," list the ten highest paid indi	viduals or entities (fundraisers) purs	suant to	agre	ements under which	the fundraiser is to	be
compensated at least \$5,000 by the	organization.					
		/:::\	Dist		(v) Amount paid	
(i) Name and address of individual	(ii) Activity	fundr	aiser	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) Activity	or cor	Did raiser ustody trol of utions?	from activity	fundraiser listed in col. (i)	organization
		-				
		Yes	No			
Total			<u> </u>			
3 List all states in which the organizatio	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt from re	egistration
or licensing.						
					-	

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

Schedule G (Form 990 or 990-EZ) 2015



Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990		<u> </u>	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANNUAL	VOICES OF		(add col. (a) through
			AWARDS GALA	SOLIDARITY	3	l · · · · · · · ·
			(event type)	(event type)	(total number)	col. (c))
Revenue				, ,,		
S G	1	Gross receipts	1,582,423.	204,745.	334,067.	2,121,235.
æ	l	aross receipts				
	١,	Less: Contributions	1,502,613.	192,895.	290,049.	1,985,557.
		Less. Contributions	2,302,023	25270501	230,0130	2730373371
	3	Gross income (line 1 minus line 2)	79,810.	11,850.	44,018.	135,678.
	۴	Gross income (line 1 minus line 2)	7370101	11/0301	11/0101	13370700
	₁	Cash prizes				
	"	Casi prizes				
	5	Nanagah prizag			25,633.	25,633.
S	3	Noncash prizes			23,033.	23,033.
nse	_	Dont/facility agets	87,311.	30,286.	17,338.	134,935.
хре	6	Rent/facility costs	07,311.	30,200.	17,330.	134,733.
Direct Expenses	_	Food and boundary	130,751.	36,366.	31,531.	198,648.
<u>6</u>	7	Food and beverages	130,731.	30,300.	31,331.	190,040.
Ω	٦		154,320.	35,183.	15,170.	204,673.
	8	Entertainment	444 44		48,961.	183,451.
	9	Other direct expenses	<u> </u>			747,340.
	10	· · · · · · · · · · · · · · · ·	. ,			-611,662.
Pa		Net income summary. Subtract line 10 from I Gaming. Complete if the organization				-011,002.
1 6		\$15,000 on Form 990-EZ, line 6a.	answered tes on Form	1990, Part IV, line 19, Or	reported more triair	
		\$15,000 OH FOHH 990-EZ, line 6a.	1	(b) Pull tabs/instant		(d) Total gaming (add
e			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue				Singer progressive singe		coi. (a) trirough coi. (c)
Re	١.					
	1	Gross revenue				
	٦	Cook prizes				
ses		Cash prizes				
en	٦	Nanagah minag				
Direct Expenses	3	Noncash prizes				
ect	١,	Dont/facility agets				
Ë	4	Rent/facility costs				
	_	Other direct expenses				
	-	Other direct expenses	Yes %	Yes %	Yes %	
	_	Mah unta au lah au	I — ·			
	١°	Volunteer labor	└── No	∟ No	└── No	
	_	Direct expense cumment Add lines 2 through	h E in oakumn (d)			
	7	Direct expense summary. Add lines 2 through	ir 5 iir coluiriir (a)		>	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
_	0	Net garring income summary. Subtract line 7	nomine i, column (u)			
•						
	En	ter the state(s) in which the organization cond	icte gaming activities:			
		ter the state(s) in which the organization conducted against		states?		Ves No
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these			Yes No
а	ls t		ctivities in each of these			Yes No
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these			Yes No
a b	Is 1	the organization licensed to conduct gaming a No," explain:	ctivities in each of these			
10a	Is to	the organization licensed to conduct gaming a No," explain: ere any of the organization's gaming licenses re	ctivities in each of these	rminated during the tax y	year?	
10a	Is to	the organization licensed to conduct gaming a No," explain:	ctivities in each of these	rminated during the tax y	year?	

Schedule G (Form 990 or 990-EZ) 2015

Sch	nedule G (Form 990 or 990-EZ) 2015 VITAL VOICES GLOBAL PARTNERSHIP, INC. 52-2	<u> 151</u>	<u>557</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
		13a	I	%
	a The organization's facility	13b		//
	b An outside facility	ISD	<u> </u>	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲	Yes	☐ No
	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \(\bigs\) \(\bigs\).			
	c If "Yes," enter name and address of the third party:			
	on 103, onto hamo and address of the time party.			
	Name			
	Address ▶			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
•			Voc	☐ No
	retain the state gaming license?	. —	163	110
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
D	organization's own exempt activities during the tax year > \$		<u> </u>	
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v);	nes 9,	9b, 10)b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).			

Schedule G	G (Form 990 or 990-EZ)	VITAL VOICE	ES GLOBAL	PARTNERSHIP,	INC.	52-2151557	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)					
					,	Schedule G (Form 990 or 9	990-EZ
						1	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

							Employer identification number
· · · · · · · · · · · · · · · · · · ·		AL PARTNERS	HIP, INC.				52-2151557
Part I General Information on Grant							
Does the organization maintain record							
criteria used to award the grants or as	ssistance?						X Yes No
2 Describe in Part IV the organization's Part II Grants and Other Assistance						/ F 000 P	N/ line Od for any
Part II Grants and Other Assistance recipient that received more that	=				anization answered "1	res" on Form 990, Pan	IV, line 21, for any
1 (a) Name and address of organization		(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
or government	(b) Liiv	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
AMERICAN BAR ASSOCIATION FUND FOR	2						
JUSTICE AND EDUCATION - 1050							GENDER BASED VIOLENCE
CONNECTICUT AVENUE, NW, SUITE 30)						EMERGENCY RESPONSE AND
- WASHINGTON, DC 20036	36-6110299	501(C)(3)	15,140.	0.			PROTECTION INITIATIVE.
INSTITUTO PROMUNDO 1367 CONNECTICUT AVENUE. NW, SUI' WASHINGTON, DC 20036	TE 26-1931968	501(C)(3)	6,480.	0.			GENDER BASED VIOLENCE EMERGENCY RESPONSE AND PROTECTION INITIATIVE.
INTERNATIONAL ORGANIZATION FOR	20 1331300	501(0)(3)	0,100.	• •			
MIGRATION - 17, ROUTE DES MORILLONS - GENEVA 19, SWITZERLAI				_			GENDER BASED VIOLENCE EMERGENCY RESPONSE AND
CH-1211	53-6003423		25,328.	0.			PROTECTION INITIATIVE.
 2 Enter total number of section 501(c)(3 3 Enter total number of other organization 							3. 0.

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

Schedule I (Form 990) (2015)



Schedule I (Form 990) (2015) VIIII VOICED GI	ODMI IM	INDICOLLET,	1110.		32 2131331 P	age
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.		
(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 assistan	ce
SUPPORT FOR PROJECTS LED BY YOUNG WOMEN LEADERS IN THEIR COMMUNITIES.	45	45 575	0.			
THEIR COMMUNITIES.	45	45,575.	. 0.			
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	ie 2, Part III, columr	n (b), and any other a	dditional information.		
PART I, LINE 2:						
VITAL VOICES USES SOUND MONITORING	AND EVA	LUATION PF	ROCEDURES A	ND TOOLS FOR		
GRANTS MADE TO ENTITIES OUTSIDE TE	E UNITED	STATES. F	OR INSTANC	E, ALL GRANT		
RECIPIENTS ARE REQUIRED TO ENTER I	NTO A GR	ANT AWARD	AGREEMENT	WITH VITAL		
VOICES, WHICH REQUIRES THEM TO PRO	VIDE NAR	RATIVE ANI	FINANCIAL	REPORTING ON		
ALL FUNDS AWARDED. AS PART OF THE	GRANT AG	REEMENT, V	VITAL VOICE	S ALSO		
RESERVES THE RIGHT TO AUDIT, EXAMI	NE, AND	MAKE OR RE	QUEST COPI	ES OF ALL		
ACCOUNTS, RECORDS, AND CORRESPONDE	NCE RELA	TED TO THE	GRANT AS	WELL AS		

Schedule I (Form 990) (2015)

REQUIRES THE GRANT RECIPIENT TO MAINTAIN GRANT RECORDS FOR AT LEAST 36

Part IV Supplemental Information
MONTHS AFTER THE AGREED UPON END DATE OF THE GRANT PERIOD. VITAL VOICES
PERIODICALLY REQUESTS DOCUMENTATION SUPPORTING GRANT RECIPIENT FINANCIAL
REPORTS AS PART OF ITS DUE DILIGENCE PROCEDURES AND RESERVES THE RIGHT TO
MAKE SITE VISITS.
0.1.1.1/2

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

VITAL VOICES GLOBAL PARTNERSHIP, INC. Employer identification number 52-2151557

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
	Desire the constitution of the desire for COO Destable A First desired to the filter			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:	4a	х	
a h	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2015



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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC compe				(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) ALYSE NELSON	(i)	213,118.	0.	0.	4,296.	9,354.	226,768.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ALVIN ALLGOOD	(i)	188,570.	0.	0.	1,132.	15,317.		0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.		0.
(3) CYNTHIA DYER	(i)	151,175.	0.	0.	3,076.	15,238.		0.
VP, HUMAN RIGHTS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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Schedule J (Form 990) 2015

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 4A:
BOBBIE GREENE MCCARTHY, VP DEVELOPMENT & ENGAGEMENT UNTIL AUGUST 2015,
RECEIVED A SEVERANCE PAYMENT OF \$27,407.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

VITAL VOICES GLOBAL PARTNERSHIP, INC. **Employer identification number** 52-2151557

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: MONTH-LONG MENTORING PROGRAM. THE PROGRAM CONNECTED PARTICIPANTS WITH FORTUNE'S MOST POWERFUL WOMEN AND THEIR EXECUTIVE TEAMS AS MENTORS AND INCLUDED LEADERSHIP AND COMMUNICATION TRAININGS, DISCUSSIONS WITH AMERICAN WOMEN LEADERS ABOUT THEIR PERSONAL AND PROFESSIONAL JOURNEYS AND NETWORKING EVENTS.

IN NOVEMBER, VITAL VOICES ORGANIZED THE INTERNATIONAL ALUMNAE COMPONENT IN WARSAW, POLAND. THE FOUR-DAY TRAINING FOR 14 ALUMNAE WAS DESIGNED TO INCREASE THEIR CAPACITY, EQUIP THEM WITH NEW CONTACTS AND STRENGTHEN THE NETWORK OF ALUMNAE ACROSS EUROPE AND EURASIA. VITAL VOICES MAINTAINED THE ALUMNAE NETWORK THROUGH ONLINE AND SOCIAL MEDIA COMMUNICATION AND ENGAGEMENT, CONNECTING ALUMNAE WITH GRANT OPPORTUNITIES AND INVITING ALUMNAE TO PARTICIPATE IN OTHER VITAL VOICES PROGRAMS. VITAL VOICES ALSO DEEPENED TIES WITH FORMER PROGRAM PARTICIPANTS BY CONNECTING THEM WITH OTHER LEADERS IN THE VITAL VOICES NETWORK AND ADVISING THEM ON THEIR VARIOUS PROJECTS AND INITIATIVES.

GLOBAL AMBASSADORS PROGRAM: THE GLOBAL AMBASSADORS PROGRAM (GAP) IS A MULTI-YEAR PARTNERSHIP WITH BANK OF AMERICA, IN WHICH WOMEN LEADERS WHO ARE AT A TIPPING POINT IN THEIR PROFESSIONAL, BUSINESS AND LEADERSHIP PATHS (MENTEES) RECEIVE MENTORSHIP, TRAINING AND OPPORTUNITIES FOR VISIBILITY FROM GLOBAL AMBASSADORS (MENTORS) WHO ARE GLOBAL LEADERS IN THE BUSINESS, NONPROFIT, GOVERNMENT AND SOCIAL ENTERPRISE SECTORS.

IN 2015, VITAL VOICES ORGANIZED THE PROGRAM IN SOUTH AFRICA AND JAPAN.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

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



Employer identification number

VITAL VOICES GLOBAL PARTNERSHIP, INC. 52-2151557 EACH PROGRAM ENGAGED TEN TO ELEVEN MENTEES WHO RECEIVED STRATEGIC SUPPORT AND GUIDANCE FROM THEIR GLOBAL AMBASSADOR MENTORS TO IDENTIFY ACTION STEPS AND ACHIEVE PROFESSIONAL GOALS. THESE WEEK-LONG PROGRAMS INCLUDED ONE-ON-ONE AND GROUP MENTORING SESSIONS AND PUBLIC FORUMS TO PROVIDE VISIBILITY ON CRITICAL ISSUES IMPEDING WOMEN'S ECONOMIC ADVANCEMENT. TRAININGS RANGED FROM COMMUNICATIONS TO STRATEGIC PLANNING, AND FROM FINANCIAL MANAGEMENT AND FUND-RAISING TO HUMAN RESOURCES MANAGEMENT AND WORK/LIFE BALANCE.

THE GLOBAL AMBASSADORS PROGRAM HELD IN SOUTH AFRICA IN MARCH FOCUSED ON BUILDING THE CAPACITY OF WOMEN BUSINESS AND NGO LEADERS WHO ARE COMBATTING HIV/AIDS IN THE SUB-SAHARAN AFRICA REGION. IN PARTNERSHIP WITH THE (RED) CAMPAIGN, THE PROGRAM PROVIDED LEADERS OF HEALTH PROMOTION, EDUCATION AND ECONOMIC EMPOWERMENT ORGANIZATIONS WITH THE TOOLS, SKILLSETS AND CONNECTIONS TO GROW THEIR BUSINESSES AND EXPAND THEIR REACH.

THE GLOBAL AMBASSADORS PROGRAM HELD IN TOKYO, JAPAN, IN OCTOBER FOCUSED ON ADDRESSING THE NEEDS OF WOMEN LEADERS ENGAGED IN BUSINESS, SOCIAL ENTERPRISE, AND NGOS IN JAPAN. THE PROGRAM PROVIDED VITAL MENTORSHIP AND TRAINING, RECOGNIZING THE UNIQUE CHALLENGES FACED BY WOMEN OCCUPYING AND ASPIRING TO LEADERSHIP POSITIONS IN JAPAN'S COMPETITIVE ECONOMIC LANDSCAPE.

GENDER BASED VIOLENCE EMERGENCY RESPONSE AND PROTECTION INITIATIVE: PUBLICLY LAUNCHED IN MARCH 2014, THE GENDER BASED VIOLENCE EMERGENCY RESPONSE AND PROTECTION INITIATIVE IS DESIGNED TO ADDRESS EXTREME FORMS OF GENDER-BASED VIOLENCE AND HARMFUL TRADITIONAL PRACTICES AROUND THE 532212 09-02-15 Schedule O (Form 990 or 990-EZ) (2015)

Employer identification number

VITAL VOICES GLOBAL PARTNERSHIP, INC. 52-2151557 WORLD. WITH SUPPORT FROM THE US DEPARTMENT OF STATE'S BUREAU OF DEMOCRACY, HUMAN RIGHTS & LABOR, THE PROGRAM AIMS TO ACHIEVE THE FOLLOWING THREE OBJECTIVES: 1) PROVIDE EMERGENCY ASSISTANCE TO THOSE FACING EXTREME ACTS OF GENDER-BASED VIOLENCE (GBV) INCLUDING HARMFUL TRADITIONAL PRACTICES; 2) PROVIDE ADVOCACY, SUPPORT, PREVENTION AND TECHNICAL ASSISTANCE TO GBV SURVIVORS AND THOSE WORKING TO ADDRESS GENDER-BASED VIOLENCE; AND 3) PROVIDE A FOCAL POINT TO IMPROVING GBV REGIONAL AND INTERNATIONAL NETWORK COORDINATION. THE EMERGENCY ASSISTANCE PROVIDES SHORT-TERM GRANTS FOR EXPENSES THAT INCLUDE MEDICAL EXPENSES, PSYCHOSOCIAL SUPPORT OR COUNSELING, EMERGENCY SHELTER, RELOCATION EXPENSES AND LIVELIHOOD. THE GBV INITIATIVE HAS PROVIDED THE EXTENSIVE NETWORK OF WOMEN LEADERS THAT VITAL VOICES SUPPORTS WITH INFORMATION ABOUT THE EMERGENCY ASSISTANCE AND HOW TO REFER SURVIVORS. IN 2015, VITAL VOICES CONTINUED TO ENGAGE MEMBERS OF THE NETWORK BY INCORPORATING THEM AND THEIR ORGANIZATIONS INTO THE ADVISORY COUNCIL FOR THE INITIATIVE, ADDING THEIR ORGANIZATIONS TO THE BROADER GLOBAL NETWORK OF GBV SERVICE PROVIDERS MAINTAINED BY VITAL VOICES.

WOMEN OF IMPACT AWARDS: THROUGH PARTNERSHIP WITH WOMEN IN THE WORLD,

VITAL VOICES AWARDED INDIVIDUAL GRANTS TO THREE ORGANIZATIONS LED BY

WOMEN THAT ARE DRIVING PROGRESS FOR WOMEN AND GIRLS AROUND THE WORLD.

THE 2015 AWARDEES INCLUDE PARENT'S CIRCLE FAMILIES FORUM A JOINT

PALESTINIAN ISRAELI ORGANIZATION OF OVER 600 FAMILIES, ALL OF WHOM HAVE

LOST A CLOSE FAMILY MEMBER AS A RESULT OF THE PROLONGED CONFLICT; WOMEN

WITHOUT BORDERS/SAVE THE WORLD'S FIRST FEMALE COUNTER-TERRORISM

PLATFORM; AND THE SEWING HOPE FOUNDATION AN ORGANIZATION THAT RUNS A

GIRLS' VOCATIONAL SCHOOL THAT PROVIDES SHELTER AND JOB TRAINING IN

TAILORING, CATERING AND OTHER SKILLS TO YOUNG WOMEN AND CHILDREN IN

ARMY.

Name of the organization

VITAL VOICES GLOBAL PARTNERSHIP, INC.

Employer identification number 52-2151557

UGANDA, MANY OF WHOM WERE ABDUCTED, RAPED AND TORTURED BY JOSEPH KONY'S

ANNPOWER: VITAL VOICES, IN PARTNERSHIP WITH ANN INC., SELECTED 50 YOUNG
WOMEN FROM ACROSS THE US TO PARTICIPATE IN A TRAINING AND MENTORSHIP
PROGRAM HELD IN WASHINGTON, DC, FOR THREE DAYS. SELECTED PARTICIPANTS,
WHO ARE RISING JUNIORS AND SENIORS IN HIGH SCHOOL, WORKED TOGETHER TO
DEVELOP COMMUNITY PROJECTS AND WERE ADVISED BY ESTABLISHED WOMEN

LEADERS FROM ACROSS THE WORLD. VITAL VOICES MANAGED THE RECRUITMENT AND
APPLICATION PROCESS, IMPLEMENTED THE LEADERSHIP TRAINING CURRICULUM AND
ENCOURAGED ONGOING MENTORING RELATIONSHIPS AND PEER CONNECTIONS AMONGST
THE GROUP. AFTER UNDERGOING LEADERSHIP TRAINING, PARTICIPANTS WERE
INVITED TO APPLY FOR SMALL GRANTS TO IMPLEMENT PROJECTS THAT POSITIVELY
IMPACT THEIR COMMUNITIES.

IN 2015, SMALL GRANTS WERE AWARDED TO OVER FORTY PARTICIPANT PROJECTS.

THIS YEAR'S ANNPOWER PROJECTS INCLUDED THE PROVISION OF AFTER SCHOOL

ROBOTICS PROGRAMS TO STUDENTS AT UNDERFUNDED SCHOOLS, RAISING VOTER

AWARENESS AND POLITICAL PARTICIPATION, CREATING ANTI-BULLYING CAMPAIGNS

IN ELEMENTARY AND MIDDLE SCHOOLS AND TEACHING GIRLS AND WOMEN HOW TO

CODE AND CAPITALIZE ON THEIR CODING SKILLS. VITAL VOICES MANAGED THE

GRANT APPLICATION AND REVIEW PROCESS, INCLUDING ADDITIONAL WORK WITH

PROSPECTIVE GRANTEES REQUIRING FURTHER GUIDANCE WITH GRANT PROPOSALS.

THROUGHOUT THE GRANT PERIOD, VITAL VOICES MENTORS THE GRANTEES TO

ENSURE SUCCESSFUL IMPLEMENTATION OF PROJECT GRANTS.

IN NOVEMBER, VITAL VOICES SELECTED TEN ANNPOWER FELLOWS TO PARTICIPATE

IN AN INTERNATIONAL TRIP TO LONDON. DURING THE PROGRAM FELLOWS

Schedule O (Form 990 or 990-E)

Employer identification number

VITAL VOICES GLOBAL PARTNERSHIP, INC. 52-2151557

PARTICIPATED IN THE TRUST WOMEN CONFERENCE, AN ANNUAL CONFERENCE THAT

BRINGS TOGETHER GLOBAL CORPORATIONS, LAWYERS AND PIONEERS IN THE FIELD

OF WOMEN'S RIGHTS TO TAKE ACTION AND FORGE TANGIBLE COMMITMENTS TO

EMPOWER WOMEN. VITAL VOICES CONTINUES TO ENGAGE FELLOWS THROUGH ONLINE

COMMUNICATIONS, SOCIAL MEDIA AND OTHER RELEVANT OPPORTUNITIES.

GLOBAL MENTORING WALK: HELD ON THE SAME DAY IN COUNTRIES ACROSS THE

WORLD, THE VITAL VOICES GLOBAL MENTORING WALK UNIFIES THE GLOBAL

LEADERSHIP NETWORK. IN 2015, THE 9TH ANNUAL GLOBAL MENTORING WALK WAS

HELD ON MARCH 8 TO COINCIDE WITH INTERNATIONAL WOMEN'S DAY. GLOBAL

LEADERSHIP NETWORK MEMBERS LED 72 WALKS IN 51 COUNTRIES AROUND THE

WORLD.

SUPPORTING PUBLIC ADVOCACY REGIONAL COMPETITIVENESS (SPARC): IN 2015,

VITAL VOICES CONDUCTED THE FOURTH AND FINAL YEAR OF THIS ECONOMIC

ADVOCACY PROGRAM. THE SPARC PROGRAM WORKED WITH PARTNER AFRICA

BUSINESSWOMEN'S ASSOCIATIONS TO ADVOCATE FOR AN ENABLING ECONOMIC

ENVIRONMENT FOR WOMEN. IN 2015, VITAL VOICES PROVIDED EXPERT

CONSULTATIONS, ADVOCACY AND CAPACITY-BUILDING SUPPORT, AND FINANCIAL

SUPPORT TO HELP QUALIFIED AFRICA BUSINESSWOMEN'S NETWORK PARTNERS

STRENGTHEN ADVOCACY SKILLS AND CONTINUE IMPLEMENTING THEIR ROBUST

ADVOCACY CAMPAIGNS. IN ADDITION TO HOLDING THE FINAL OF FOUR ANNUAL

REGIONAL CONVENINGS IN KENYA IN JULY WITH PARTNER ORGANIZATIONS, VITAL

VOICES DEVELOPED AN ADVOCACY TOOL-KIT THAT INCLUDES CASE STUDIES FROM

THE SPARC CAMPAIGNS AS WELL AS PROVIDES TOOLS TO CONDUCT SIMILAR

ADVOCACY ACTIVITIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

Employer identification number

VITAL VOICES GLOBAL PARTNERSHIP, INC. 52-2151557

MARRIAGE, AND INCREASE WOMEN'S ECONOMIC EMPOWERMENT, PARTICIPATED IN

BOTH ONLINE AND IN-PERSON INTERVENTIONS. THESE INCLUDED PEER LEARNING

EXCHANGES, TRAININGS, NETWORKING OPPORTUNITIES, CHALLENGE GRANT

OPPORTUNITIES AND PEER MENTORSHIP, ALL OF WHICH ARE BASED ON THE

RESULTS OF A NEEDS ASSESSMENT THAT FELLOWS COMPLETED WHEN CHOSEN FOR

THE PROGRAM. IN 2015, VITAL VOICES SELECTED ITS THIRD COHORT OF

FELLOWS, INCREASING THE TOTAL NUMBER OF FELLOWS TO 330, WITH

PARTICIPANTS RANGING IN AGE FROM 21 TO 82 FROM OVER 75 COUNTRIES IN THE

GLOBAL SOUTH.

AS PART OF THE CORE VVLEAD FELLOWSHIP, VITAL VOICES MANAGED AN ONLINE LEARNING PLATFORM AND ORGANIZED IN-PERSON PROGRAMMING FOR BETWEEN SEVEN TO ELEVEN FELLOWS EACH IN TANZANIA IN MARCH, ARGENTINA IN JUNE, ZAMBIA IN AUGUST AND INDIA IN OCTOBER, AND FOR 70 FELLOWS IN SOUTH AFRICA IN NOVEMBER. EACH IN-PERSON PROGRAM ENGAGED FELLOWS FROM ACROSS THE GLOBE TO PARTICIPATE IN ACTIVITIES TO CONNECT, LEARN, AND COLLABORATE. THESE FOUR-DAY PROGRAMS INCLUDED FELLOW, CONSULTANT, AND STAFF-LED TRAININGS; FACILITATED NETWORKING AND ACTION PLANNING SESSIONS; INCORPORATED SITE VISITS AND FOSTERED GROUP DIALOGUE ABOUT CRITICAL ISSUES FACING WOMEN LEADERS ACROSS THE GLOBE. IN ADDITION, THROUGHOUT 2015, VITAL VOICES ORGANIZED A MONITORING AND EVALUATION (M&E) TRAINING PROGRAM AND QUALITATIVE CASE-STUDY PROJECT CALLED THE DOCUMENTARIAN PROJECT. THROUGH THIS PROJECT, A SELECT GROUP OF 24 VVLEAD FELLOWS WERE PROVIDED WITH ONLINE AND INPERSON M&E TRAINING AND COMPLETED CASE STUDIES ON OTHER VVLEAD FELLOWS, WHICH SOUGHT TO CAPTURE THE IMPACT OF THE VVLEAD FELLOWSHIP PROGRAM.

VV GROW FELLOWSHIP: THE VITAL VOICES GROW FELLOWSHIP (VV GROW

Employer identification number

VITAL VOICES GLOBAL PARTNERSHIP, INC. 52-2151557 FELLOWSHIP) IS A HIGHLY COMPETITIVE ONE-YEAR ACCELERATOR PROGRAM FOR WOMEN OWNERS OF SMALL AND MEDIUM-SIZED BUSINESSES. THE PROGRAM INCLUDES CUSTOMIZED BUSINESS-SKILLS TRAINING, TECHNICAL ASSISTANCE, LEADERSHIP DEVELOPMENT AND ACCESS TO NETWORKS TO GROW THEIR BUSINESSES AND INCREASE THEIR LEADERSHIP IMPACT. THROUGH GLOBAL AND REGIONAL ONLINE AND IN-PERSON INTERVENTIONS, FELLOWS FOCUS ON STRATEGY AND LONG-TERM BUSINESS VALUE PAIRED WITH ACTION-ORIENTED PLANS. THEY AMPLIFY THEIR ROLE AS LEADERS IN THEIR BUSINESSES AND THEIR COMMUNITIES TO ULTIMATELY CREATE JOBS, STIMULATE LONG-TERM ECONOMIC GROWTH AND PRODUCE WIDER SOCIAL BENEFITS.

IN 2015 VITAL VOICES PARTNERED WITH WOMEN WHO OWN SMALL AND MEDIUM-SIZED BUSINESSES THROUGH THE VV GROW FELLOWSHIP TO HELP THEM ACHIEVE THEIR BUSINESS GROWTH GOALS, AND A TOTAL OF 61 WOMEN FROM 32 COUNTRIES IN THE 2015 COHORT GRADUATED FROM THE PROGRAM. VITAL VOICES AND A TEAM OF CONSULTANTS AND EXTERNAL EXPERTS FURTHER REFINED A GLOBAL TRAINING CURRICULUM DEVELOPED IN 2013 FOR THE 2015-2016 VV GROW FELLOWSHIP, WHICH WAS THEN TAILORED TO ACHIEVE LEARNING OBJECTIVES BASED ON THE DIVERSE NEEDS ACROSS REGIONS. THE CURRICULUM INCLUDED MODULES ON FINANCIAL MANAGEMENT FOR EXECUTIVES, VISIONARY LEADERSHIP, STRATEGIC NETWORKING, PLANNING FOR GROWTH AND MOBILIZING MARKETS.

THE 2015-2016 FELLOWSHIP INVOLVED AN INTENSIVE PARTICIPANT SELECTION PROCESS; ONLINE TRAINING; THREE REGIONAL, IN-PERSON TRAININGS AND INDIVIDUALIZED GROWTH SERVICES AND SUPPORT TO ADDRESS THE UNIQUE NEEDS OF EACH FELLOW'S BUSINESS. IN OCTOBER 2015, THREE FOUR-DAY REGIONAL, IN-PERSON TRAININGS WERE HELD IN MEXICO CITY, MEXICO; DUBAI, UNITED ARAB EMIRATES AND CAPE TOWN, SOUTH AFRICA, WHERE 20-23 FELLOWS WORKED

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

Employer identification number

WITH EXPERT TRAINERS AND VITAL VOICES STAFF TO BUILD THEIR KNOWLEDGE,

SKILLS, AND NETWORKS AND MAKE PROGRESS TOWARD THEIR GROWTH GOALS. WITH

THE SUPPORT OF VITAL VOICES STAFF AND TRAINERS, FELLOWS ESTABLISHED ONE

TO THREE-YEAR BUSINESS GROWTH GOALS AND ACTION PLANS TO ACHIEVE THEM.

THROUGH THE GROWTH SERVICE AND SUPPORT PHASE, VITAL VOICES STAFF

CONNECTED FELLOWS TO RESOURCES AND SUPPORT TO MEET THEIR UNIQUE NEEDS

AND ACHIEVE THEIR BUSINESS GROWTH GOALS.

VV GROW MENTORING: THE VITAL VOICES GROW MENTORING PROGRAM PAIRS WOMEN

OWNERS OF SMALL AND MEDIUM-SIZED BUSINESSES WITH CORPORATE EXECUTIVE

MENTORS. FOR SIX MONTHS, MENTORS AND MENTEES WORK TOGETHER TO DEFINE

AND MAKE PROGRESS TOWARD SHORT-TERM BUSINESS GROWTH GOALS. THE PROGRAM

INCORPORATES MENTORING BEST PRACTICES FROM PARTNER ORGANIZATIONS IN 10

COUNTRIES AND FACILITATES INDIVIDUALIZED BUSINESS ADVICE, CONFIDENCE

BUILDING AND NETWORKING OPPORTUNITIES. THROUGH THE PROGRAM, THE MENTEES

AMPLIFY THEIR ROLE AS LEADERS IN THEIR BUSINESSES AND COMMUNITIES TO

ULTIMATELY CREATE JOBS, STIMULATE LONG-TERM ECONOMIC GROWTH AND PRODUCE

WIDER SOCIAL BENEFITS.

IN 2015, THE CITI FOUNDATION AND JW MARRIOTT LUXURY HOTELS AND RESORTS

FUNDED THE COMPLETION OF A SECOND ROUND OF PILOT PROGRAMS THAT BEGAN IN

2014, REACHING A TOTAL OF 76 MENTEES IN SEVEN COUNTRIES: ARGENTINA,

COSTA RICA, EGYPT, EL SALVADOR, HONDURAS, MEXICO AND SOUTH AFRICA. CITI

FOUNDATION FUNDED A THIRD ROUND OF PILOT PROGRAMS THAT STARTED IN 2015,

REACHING A TOTAL OF TOTAL OF 71 MENTEES IN FIVE COUNTRIES: ARGENTINA,

COSTA RICA, EL SALVADOR, HONDURAS, AND SOUTH AFRICA.

GLOBAL FREEDOM EXCHANGE: THE THIRD ANNUAL GLOBAL FREEDOM EXCHANGE, A

Employer identification number

VITAL VOICES GLOBAL PARTNERSHIP, INC. 52-2151557 VITAL VOICES AND HILTON WORLDWIDE PARTNERSHIP, PROVIDED A DYNAMIC EDUCATIONAL AND MENTORING OPPORTUNITY FOR EMERGING AND ESTABLISHED WOMEN LEADERS WHO ARE ON THE FOREFRONT OF GLOBAL EFFORTS TO PREVENT AND RESPOND TO CHILD TRAFFICKING. THE GLOBAL FREEDOM EXCHANGE BROUGHT TOGETHER A SELECT GROUP OF 25 WOMEN NGO LEADERS FROM 10 COUNTRIES AROUND THE WORLD TO PARTICIPATE IN A TWO-WEEK FELLOWSHIP PROGRAM. THE PROGRAM TOOK PLACE IN NOVEMBER AND SPANNED THREE US METROPOLITAN AREAS: WASHINGTON, DC; NEW YORK CITY, NEW YORK AND DALLAS, TEXAS. ACTIVITIES INCLUDED OPPORTUNITIES TO MEET WITH GOVERNMENT OFFICIALS, TO DISCUSS BEST PRACTICES WITH NGO LEADERS, TO PROVIDE DONORS WITH KNOWLEDGE ABOUT FUNDING NEEDS AND THE BEST MECHANISMS FOR SUPPORT AND TO LEARN ABOUT COLLABORATIVE APPROACHES TO WORKING WITH LOCAL LAW ENFORCEMENT. THIS PROGRAM PROVIDED PARTICIPANTS WITH SPECIFIC KNOWLEDGE, SKILLS AND RELATIONSHIPS THAT BENEFITTED THEIR PROFESSIONAL DEVELOPMENT, THEIR RESPECTIVE NGOS AND THE COMMUNITIES THEY SERVE. THE PROGRAM ALSO PROVIDED SUB-GRANTS TO SUPPORT THE WORK OF FIVE FELLOWS IN THEIR HOME COUNTRIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

REPRESENTATIVES OF BOTH GOVERNMENTAL AND NON-GOVERNMENTAL VICTIM

SERVICES PROVIDERS FOR MULTI-DISCIPLINARY TRAININGS IN THEIR HOME

COUNTRIES. THE INNOVATIVE AND INTERACTIVE TRAINING MODEL FOCUSES ON THE

INVESTIGATION AND PROSECUTION OF CRIMES OF VIOLENCE AGAINST WOMEN AND

FACILITATES THE CREATION OF A HOLISTIC AND VICTIM-CENTERED RESPONSE TO

SUCH CRIMES. IT IS ONE COMPREHENSIVE RESOURCE THAT VITAL VOICES IS ABLE

TO OFFER TO WOMEN IN OUR NETWORK WHO ARE TACKLING SEXUAL VIOLENCE AND

HUMAN TRAFFICKING IN THEIR HOME COMMUNITIES. IN 2015, AS PART OF THE

GENDER-BASED VIOLENCE EMERGENCY RESPONSE AND PROTECTION INITIATIVE,

Employer identification number

VITAL VOICES GLOBAL PARTNERSHIP, INC. 52-2151557 VITAL VOICES WITH SUPPORT FROM THE AVON FOUNDATION FOR WOMEN IMPLEMENTED THE INSTITUTE MODEL IN PARTNERSHIP WITH NETWORK MEMBERS IN BRAZIL, INDIA AND SOUTH AFRICA. A US-BASED DELEGATION WORKED ALONGSIDE FIVE LOCAL TRAINERS TO CARRY OUT THE FOUR-DAY MULTI-DISCIPLINARY TRAINING FOR 50-60 PARTICIPANTS IN EACH LOCATION. IN 2015 VITAL VOICES ALSO WRAPPED UP A FOUR-YEAR PARTNERSHIP WITH WOMEN LEADERS IN UGANDA, WHICH SUCCESSFULLY IMPLEMENTED THE MODEL TO IMPROVE THE CRIMINAL JUSTICE SYSTEM'S RESPONSE TO HUMAN TRAFFICKING.

GLOBAL LEADERSHIP AWARDS HONOREE PROGRAM: EACH YEAR, VITAL VOICES HOSTS THE GLOBAL LEADERSHIP AWARDS, HONORING UNSUNG HEROES AND COURAGEOUS LEADERS WORKING TO STRENGTHEN DEMOCRACY, INCREASE ECONOMIC OPPORTUNITY AND PROTECT HUMAN RIGHTS IN COMMUNITIES AROUND THE WORLD. THE GLOBAL LEADERSHIP AWARDS HONOREE PROGRAM PROVIDES CUSTOMIZED AND TAILORED SUPPORT THAT INCLUDES NETWORKING OPPORTUNITIES, CAPACITY BUILDING AND HIGH PROFILE THOUGHT-LEADERSHIP EVENTS TO GIVE GREATER CREDIBILITY AND VISIBILITY TO THE HONOREES FOR THE NINE DAYS THEY ARE IN WASHINGTON, DC. IN 2015, VITAL VOICES HONORED FIVE LEADERS WHO HAD BOLD VISIONS TO MAKE LASTING CHANGES IN THEIR COUNTRIES, AT AN EVENING PROGRAM ATTENDED BY OVER 2,000 GUESTS. IN ADDITION TO RECOGNIZING THESE LEADERS AT THE EVENT, VITAL VOICES HOSTED A WEEK-LONG HONOREE PROGRAM IN WASHINGTON, DC, THAT INCLUDED CAPACITY-BUILDING TRAINING, THOUGHT LEADERSHIP EVENTS AND ACCESS TO DECISION MAKERS THROUGH MEETINGS AND NETWORKING OPPORTUNITIES. THROUGH NEW PARTNERSHIPS WITH SKDKNICKERBOCKER AND JOHNSON & JOHNSON'S HUMAN PERFORMANCE INSTITUTE, VITAL VOICES WAS ABLE TO PROVIDE TARGETED MEDIA OUTREACH AND TRAINING FOR EACH HONOREE TO ENABLE THEM TO BETTER USE THEIR TIME AND ENERGY AS LEADERS. FINALLY, THE WORK OF EACH HONOREE WAS FEATURED USING FILM, PHOTOGRAPHY AND

Name of the organization VITAL VOICES GLOBAL PARTNERSHIP, INC.

Employer identification number 52-2151557

SOCIAL MEDIA PLATFORMS TO RAISE THEIR RESPECTIVE PUBLIC PROFILES AND BUILD AWARENESS AND VISIBILITY FOR THE LEADERS AND THEIR WORK.

INNOVATION PARTNERSHIPS STRATEGIC PLANNING RETREAT: THE INNOVATION

PARTNERSHIPS STRATEGIC PLANNING RETREAT IN OCTOBER 2015 WAS A ONE-DAY

TRAINING WITH THE HUMAN PERFORMANCE INSTITUTE, WHERE 2015 GLOBAL

LEADERSHIP AWARD HONOREES KAH WALLA, SAMAR MINALLAH KHAN AND YIN MYO SU

REFLECTED ON HOW TO INCORPORATE ACTION PLANS FOR THEIR PERSONAL

APPROACH TO THEIR WORK, WHICH THEY HAD DEVELOPED DURING THE GLOBAL

LEADERSHIP AWARDS, INTO THEIR PROFESSIONAL GOALS. DURING THE RETREAT,

VITAL VOICES ALSO FACILITATED A BRAINSTORMING SESSION TO IDENTIFY HOW

VITAL VOICES COULD BEST SUPPORT THEM THROUGH DEEP, INDIVIDUALIZED

INVESTMENT OVER THE NEXT YEAR.

DVF AWARDS: VITAL VOICES PARTNERS WITH THE DILLER VON FURSTENBERG

FAMILY FOUNDATION TO HONOR EXTRAORDINARY WOMEN IN THE VITAL VOICES

NETWORK WHO ARE INITIATING POSITIVE CHANGES IN THEIR COMMUNITIES. VITAL

VOICES PROVIDES SUPPORT TO THE HONOREES AND MANAGES A GRANT AWARD THAT

ENABLES THE HONOREES TO IMPLEMENT CRITICAL PROGRAMMING. IN 2015, THE

HONOREES WERE SAMAR MINALLAH KHAN AND ADI TAFUNA'I. SAMAR WAS HONORED

FOR HER GROUNDBREAKING HUMAN RIGHTS WORK USING DOCUMENTARY FILMS TO

SHIFT THE CULTURE AROUND CHILD MARRIAGE AND HARMFUL CULTURAL PRACTICES

AFFECTING WOMEN AND GIRLS IN PAKISTAN. ADI WORKS WITH COMMUNITIES IN

THE PACIFIC ISLANDS TO TRAIN LEADERS AND CREATE SUSTAINABLE ECONOMIC

OPPORTUNITIES FOR ISLAND COMMUNITIES THROUGH PRODUCT DEVELOPMENT AND

MARKETING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

Name of the organization

VITAL VOICES GLOBAL PARTNERSHIP, INC.

Employer identification number 52-2151557

GLOBAL ENGAGEMENT AND PUBLIC AWARENESS

EXPENSES \$ 406,551. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FEDERAL FORM 990 IS PREPARED BY VITAL VOICES' OUTSIDE TAX PREPARERS.

THE OUTSIDE TAX PREPARERS SEND THE COMPLETED DRAFT FEDERAL FORM 990 TO

VITAL VOICES FINANCE AND EXECUTIVE PERSONNEL. THE VICE PRESIDENT OF FINANCE
AND ADMINISTRATION, THE PRESIDENT AND CEO, AND THE CHIEF OPERATING OFFICER
REVIEW THE FEDERAL FORM 990 FOR ACCURACY. THEN, THE FEDERAL FORM 990 IS

DISSEMINATED TO THE FINANCE AND AUDIT COMMITTEES. ONCE THESE COMMITTEES

HAVE REVIEWED AND PROVIDED ANY COMMENTS OR EDITS, THE FEDERAL FORM 990 IS

DISSEMINATED TO THE BOARD OF DIRECTORS TO PROVIDE ANY COMMENTS. IF THERE

ARE ANY RESULTING CHANGES PER THEIR REVIEW, THESE EDITS ARE MADE AND THEN A

FINAL FEDERAL FORM 990 IS RE-CIRCULATED TO THE FULL BOARD OF DIRECTORS FOR

THEIR REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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

BOARD MEMBERS FILE A CONFLICT OF INTEREST STATEMENT ON AN ANNUAL BASIS,
WHICH IS FILED WITH THE CHAIRMAN OF THE BOARD INDICATING WHETHER THERE ARE
ANY POTENTIAL CONFLICTS OF INTEREST THAT MIGHT BE EXPECTED TO OCCUR WITHIN
THE FOLLOWING YEAR. ANY SUCH POTENTIAL CONFLICTS WILL BE REPORTED TO THE
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE
SHALL DECIDE WHETHER THE BOARD MEMBER WITH SUCH POTENTIAL CONFLICT OF
INTEREST SHALL BE REQUIRED EITHER TO DIVEST SUCH INTEREST OR TO RESIGN FROM
THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

VITAL VOICES ENGAGED A THIRD PARTY COMPENSATION CONSULTANT IN 2011 TO

Name of the organization

VITAL VOICES GLOBAL PARTNERSHIP, INC.

PERFORM A SALARY SURVEY SUPPORTED BY RESEARCH OF CU

Employer identification number 52-2151557

PERFORM A SALARY SURVEY SUPPORTED BY RESEARCH OF CURRENT MARKET DATA AS

WELL AS THE FORM 990 DATA OF OTHER ORGANIZATIONS FOR COMPARABLE POSITION

LEVELS WITHIN THE INDUSTRY. THE CONSULTANT THEN USED THIS SURVEY TO UPDATE

THE EXISTING ORGANIZATIONAL CAREER (POSITION) LEVELS AND SALARY RANGES FOR

ALL LEVELS WITHIN THE ORGANIZATION INCLUDING THE PRESIDENT AND CEO.

AS PART OF VITAL VOICES' FISCAL YEAR BUDGET PROCESS, A SALARY BUDGET IS

DEVELOPED BY MANAGEMENT WITH ANY REASONABLE MERIT INCREASE ASSUMPTIONS. THE

FISCAL YEAR BUDGET IS PROPOSED TO THE FINANCE COMMITTEE AND THEN THE

EXECUTIVE COMMITTEE AND FULL BOARD OF DIRECTORS FOR APPROVAL.

THE PRESIDENT AND CEO'S SALARY IS SET ANNUALLY BY A COMMITTEE OF THE BOARD

OF DIRECTORS AS PART OF A YEARLY REVIEW PROCESS. THE CHIEF OPERATING

OFFICER'S AND VICE PRESIDENT OF DEVELOPMENT AND ENGAGEMENT'S INITIAL

SALARIES ARE SET BY THE PRESIDENT AND CEO WITH THE APPROVAL OF BOARD

OFFICERS."

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AR, CA, CT, GA, CO, GA, HI, IL, KS, KY, MA, MD, MI, MS, NH, NJ, NM, NY, OH, OK, OR, PA, SC, TN, UT

VA, WV

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

VITAL VOICES MAKES ITS FEDERAL FORM 990 AND ITS AUDITED FINANCIAL

STATEMENTS AVAILABLE ON ITS WEBSITE. OUR FEDERAL FORM 1023, GOVERNING

DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

TECHNICAL SUPPORT AND TRAINING FEES:

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

Name of the organization VITAL VOICES GLOBAL PARTNERSHIP, INC.	Employer identification number 52-2151557
PROGRAM SERVICE EXPENSES	575,815.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	575,815.
TRANSLATION AND INTERPRETATION:	
PROGRAM SERVICE EXPENSES	18,508.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	18,508.
COMMUNICATIONS, OUTREACH, AND PUBLIC RELATIONS SERVICE F	EES:
PROGRAM SERVICE EXPENSES	32,222.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	32,222.
OTHER CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	521,179.
MANAGEMENT AND GENERAL EXPENSES	33,655.
FUNDRAISING EXPENSES	16,340.
TOTAL EXPENSES	571,174.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,197,719.