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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A	For the	2016 calendar year, or tax year beginning and ending	·	
В	Check if applicable	C Name of organization	D Employer identificati	ion number
	applicable	:		
	Addres	VITAL VOICES GLOBAL PARTNERSHIP, INC.		
	Name change	Doing business as		1557
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone number	
	Final return/	1625 MASSACHUSETTS AVENUE, NW 300		861-2625
	termin- ated		G Gross receipts \$	7,250,582.
	Ameno		H(a) Is this a group retur	
	Application	F Name and address of principal officer: Alibe Nebbon	for subordinates?	Yes X No
	pendin	SAME AS C ABOVE	H(b) Are all subordinates include	
$\overline{\Gamma}$	Tax-exe	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or □	527 If "No," attach a list.	
		e: ► WWW.VITALVOICES.ORG	H(c) Group exemption no	,
			ear of formation: 1999 M St	
		Summary		<u> </u>
_	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{VITAL}}$ $\overline{ ext{VO}}$	ICES INVESTS IN	WOMEN
Governance		LEADERS GLOBALLY TO ACCELERATE PROSPERITY IN	THEIR COMMUNIT	IES.
'n		Check this box if the organization discontinued its operations or disposed of n		
ĕ			3	29
Ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)		28
<u>ფ</u>		Total number of individuals employed in calendar year 2016 (Part V, line 2a)		70
iŧie		Total number of violunteers (estimate if necessary)		150
Activities		Total number of Volunteers (estimate in necessary) Total unrelated business revenue from Part VIII, column (C), line 12		0.
¥	1		·····	0.
	D	Net unrelated business taxable income from Form 990-T, line 34	Prior Year	Current Year
	8	Contributions and grants (Bart VIII line 1h)	12,862,692.	6,996,915.
ne	1	Contributions and grants (Part VIII, line 1h)	0.	0,000,010.
Revenue	1	Program service revenue (Part VIII, line 2g)	0.	1,970.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-477,642.	-494,891.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,385,050.	6,503,994.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,680,095.	1,340,848.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,397,906.	3,821,250.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	5,000.
×	b b	Total fundraising expenses (Part IX, column (D), line 25) 772,594.	4 360 010	4 500 500
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,368,818.	4,703,588.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,446,819.	9,870,686.
	19	Revenue less expenses. Subtract line 18 from line 12	1,938,231.	-3,366,692.
Net Assets or			Beginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)	8,909,276.	5,352,518.
t As	21	Total liabilities (Part X, line 26)	850,897.	660,831.
캺	22	Net assets or fund balances. Subtract line 21 from line 20	8,058,379.	4,691,687.
		Signature Block		
Und	ler pena	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my kn	owledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Sig	ın	Signature of officer	Date	
Не	re	ALYSE NELSON, PRESIDENT AND CEO		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	d	FRANK H. SMITH		P00639053
Pre	parer	Firm's name RAFFA, P.C.	Firm's EIN ▶ 5	2-1511275
Use	Only	Firm's address 1899 L STREET, NW, SUITE 850		
		WASHINGTON, DC 20036	Phone no. (202	8) 822-5000
Ма	y the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No
	001 11-1			Form 990 (2016)

Pa	rt 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 GLOBAL PARTNERSHIP, INC. (VITAL VOICES) IDENTIFIES A
	WOMAN LEADER WITH A DARING VISION, AND THEN PARTNERS WITH HER TO MAKE
	THAT VISION A REALITY. THROUGH LONG-TERM INVESTMENTS THAT EXPAND HER
	SKILLS, CONNECTIONS AND VISIBILITY, WE ACCELERATE HER EFFORTS.
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?
	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
	revenue, if any, for each program service reported. (Code:) (Expenses \$4 , 329 , 784including grants of \$280 , 079) (Revenue \$)
4a	(Code:) (Expenses \$ 4,329,784. including grants of \$ 280,079.) (Revenue \$ SIGNATURE PROGRAMS:
	DIGNATURE INCORRAND:
	SIGNATURE PROGRAMS AT VITAL VOICES ARE STRUCTURED INITIATIVES THAT
	BUILD WOMEN LEADERS' CAPACITY THROUGH GROUP TRAINING, MENTORING AND
	TARGETED FOLLOW-ON SUPPORT AND PEER-TO-PEER EXCHANGES AND NETWORKING.
	WE WORK WITH LEADERS IN THREE KEY AREAS: HUMAN RIGHTS, ECONOMIC
	OPPORTUNITY, AND POLITICAL AND PUBLIC LEADERSHIP. OUR PROGRAMS OFFER
	PRACTICAL SKILLS AND SERVICES; WE HELP LEADERS DEVELOP STRATEGIC PLANS,
	TELL THEIR STORIES AND REACH NEW MARKETS. WE CONNECT THEM WITH EXPERT
	ADVISERS FOR MENTORING AND COLLABORATION. WE SHARE THEIR PERSPECTIVES
	AND THEIR WORK WITH THE AUDIENCES THEY NEED TO REACH, AND WE MOBILIZE
	COMMUNITIES ONLINE AND OFFLINE TO TAKE ACTION ON CRITICAL ISSUES.
4b	(Code:) (Expenses \$2, 782, 162. including grants of \$637, 488.) (Revenue \$)
	INDIVIDUALIZED INVESTMENTS:
	VITAL VOICES IS CHARTING A NEW COURSE IN WOMEN'S LEADERSHIP, MAKING
	INVESTMENTS THROUGH TARGETED TECHNICAL TRAININGS, CATALYZING THE VISION
	OF A SELECT GROUP OF WOMEN LEADERS AND CURATING A SYSTEM OF SUPPORT FOR
	THEM AROUND THE WORLD. THROUGH THIS AREA OF PRACTICE, WE PARTNER WITH
	WOMEN TO OFFER TAILORED AND AD HOC INDIVIDUALIZED SUPPORT AS NEEDED. WE
	ARE COMMITTED TO INCREASING THEIR VISIBILITY, RAISING AWARENESS FOR THE
	ISSUES THEY ARE TACKLING, AND FACILITATING CONNECTIONS AND PARTNERSHIPS
	TO HELP THEM SCALE UP THEIR WORK AND ACHIEVE EVEN GREATER IMPACT.
	GLOBAL LEADERSHIP AWARDS HONOREE PROGRAM: EACH YEAR, VITAL VOICES HOSTS
_	•
4C	(Code:) (Expenses \$ 967,544. including grants of \$ 420,698.) (Revenue \$) NETWORK ACTIVATION:
	MEIWORK ACTIVATION:
	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.
	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 2016, THE 10TH ANNUAL GLOBAL MENTORING WALK WAS
	HELD ON MARCH 8 TO COINCIDE WITH INTERNATIONAL WOMEN'S DAY. GLOBAL
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 298,096 • including grants of \$ 2,583 •) (Revenue \$)
4e	Total program service expenses ► 8,377,586.
	Form 990 (2016

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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	<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
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,			7.7
_	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	X	
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		х
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	X	
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		X
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		Х
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	X	
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	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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 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	טדו		
.5	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			
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

Form **990** (2016)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did 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 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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	22	Х	
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 highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time 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 disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is 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 990 or 990-EZ? 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, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
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 member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			l
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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	35b		
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		X
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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		77	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2016)

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	73			
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 re-					
	(gambling) winnings to prize winners?	 I	I	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		7.0			
	filed for the calendar year ending with or within the year covered by this return	2a	70		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					v
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•	4-		Х
L	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		22
D	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		oto (EDAD)			
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 transaction at any time during the tax year?			5b		X
	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			- 30		
ou	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 contribut					
_	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	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	quired			
	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	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8	399 as required?	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.					
а				9a		
10 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a	ı İ			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b				
11	Section 501(c)(12) organizations. Enter:	LIUD	L			
''	Gross income from members or shareholders	11a				
	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.		•			
	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	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	еО <u></u>		14b		
				Form	990	(2016)

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							
2								
	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		X				
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						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		x				
	more members of the governing body?	7a						
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	76		x				
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b						
8		8a	Х					
b	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00						
Ū	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			<u> </u>				
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	Х	<u> </u>				
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v					
	The organization's CEO, Executive Director, or top management official	15a	X					
р	Other officers or key employees of the organization	15b	Λ					
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
104	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				
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ioa						
b	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) is							
	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							
63200	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2016)				

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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 week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) 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
(1) BETH BROOKE-MARCINIAK	3.00	٠,,		Ι,,					0	0
BOARD CHAIR (AS OF 09/2016)	1 00	Х		Х				0.	0.	0.
(2) V. SUE MOLINA	1.00	,,		,,					0	0
BOARD VICE CHAIR	1 00	Х		Х				0.	0.	0.
(3) AMBASSADOR CRAIG JOHNSTONE	1.00	x		x				0.	0.	0.
BOARD TREASURER	1.00	^		^				0.	0.	0.
(4) TINA BROWN BOARD DIRECTOR	1.00	Х						0.	0.	0.
(5) CANDACE BROWNING	1.00	^						0.	0.	0.
BOARD DIRECTOR	1.00	Х						0.	0.	0.
(6) KRISTIN CAMPBELL	1.00	^						0.	0.	0.
BOARD DIRECTOR	1.00	Х						0.	0.	0.
(7) KAY ELLEN CONSOLVER	1.00	^						0.	0.	<u> </u>
BOARD DIRECTOR	1.00	Х						0.	0.	0.
(8) SUSAN ANN DAVIS	8.00							0.	0.	
BOARD DIRECTOR		x						0.	0.	0.
(9) AMBASSADOR PAULA J. DOBRIANSKY	1.00									
BOARD DIRECTOR		х						0.	0.	0.
(10) SONNIE DOCKSER	1.00							-	-	
BOARD DIRECTOR		х						0.	0.	0.
(11) SAMIA FAROUKI	1.00									_
BOARD DIRECTOR		Х						0.	0.	0.
(12) SALLY FIELD	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(13) NANCY FOLGER	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(14) BARONESS MARY GOUDIE	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(15) DR. KAREN OTAZO HOFMEISTER	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(16) KATE JAMES	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(17) DONNA LANGLEY	1.00	 							_	_
BOARD DIRECTOR		Х						0.	0.	0. Form 990 (2016)

632007 11-11-16

Form **990** (2016)

Part VII Section A. Officers, Directors, Trus	toos Kov Em	מבני	200	200	4 LI:	abo	ot C	Componented Employe	os (continued)	337 Tage 0
(A)	(B)	pioy	ees		<u>u m</u> C)	gne	si C	(D)	(E)	(F)
Name and title	Average hours per week	box	not c unle	Pos heck ss pe	ition more rson i	than s bot r/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) GERALDINE LAYBOURNE	1.00							_	_	_
BOARD DIRECTOR		Х						0.	0.	0.
(19) MARLENE MALEK	1.00							_	_	_
BOARD DIRECTOR		Х						0.	0.	0.
(20) BOBBIE GREENE MCCARTHY	1.00								_	_
BOARD DIRECTOR		Х						13,703.	0.	0.
(21) DONNA COCHRAN MCLARTY	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(22) SUSAN NESS	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(23) NANCY PRAGER-KAMEL	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(24) VICTORIA SANT	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(25) ROSELYNE SWIG	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(26) KATHLEEN VAUGHAN	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
1b Sub-total							<u>▶</u>	13,703.	0.	0.
c Total from continuation sheets to Part V	II, Section A						•	1,196,203.	0.	93,088.
d Total (add lines 1b and 1c)								1,209,906.	0.	93,088.
2 Total number of individuals (including but n								eceived more than \$100	0,000 of reportable	
compensation from the organization										10
										11/

Yes No

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		X
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		X

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)	(B)	(C)
Name and business address	Description of services	Compensation
THE RITZ-CARLTON, ONE MIRAMONTES POINT	LODGING, CONFERENCE	
ROAD, HALF MOON BAY, CA 94019	FACILITIES	396,187.
STILL MOTION, LLC	FILM DIRECTING,	
524 BURNSIDE STREET, PORTLAND, OR 97214	PRODUCTION	195,260.
HARDPIN MEDIA, LLC	FILM DIRECTING,	
648 BROADWAY, SUITE 200, NEW YORK, NY 10012	PRODUCTION	174,740.
IPSOS PUBLIC AFFAIRS, LLC, 2020 K STREET,	MONITORING, EVAL. &	
NW, SUITE 410, WASHINGTON, DC 20006	RESEARCH	120,390.
RESTAURANT ASSOCIATES		
2700 F STREET, NW, WASHINGTON, DC 20566	CATERING SERVICES	108,963.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization		

100,000 of compensation from the organization ► 0
SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2016)

	ICES GLO	B_{z}	AL_	PΖ	AR'	LNE	śR۵	SHIP, INC.	52-215	1557
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd l	ligh	est	Compensated Employ	yees (continued)	
(A)										(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
	hours	(cl	heck	eck all that ap			ly)	compensation	compensation	amount of
	per					Ė	Ė	from	from related	other
	week	١				oyee		the	organizations	compensation
	(list any	recto				em pl		organization	(W-2/1099-MISC)	from the
	hours for	or di	ee			sated		(W-2/1099-MISC)		organization
	related organizations	rustee	l frust		ee	ubeu				and related organizations
	below	dual t	tiona	١. ا	nploy	stcor	_			Organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DR. ROSITA VAN COEVORDEN	1.00									
BOARD DIRECTOR		х						0.	0.	0.
(28) DIANE VON FURSTENBERG	1.00									
BOARD DIRECTOR		х						0.	0.	0.
(29) CINDY WHITEHEAD	1.00							_		-
BOARD DIRECTOR		х						0.	0.	0.
(30) ALYSE NELSON	55.00									-
PRESIDENT AND CEO				x				204,750.	0.	16,062.
(31) ALVIN ALLGOOD	45.00									
CHIEF OPERATING OFFICER				х				189,088.	0.	16,601.
(32) CYNTHIA DYER	45.00									-
VP, HUMAN RIGHTS					х			152,996.	0.	20,114.
(33) MALINI PATEL	45.00									-
VP, ECON. EMPOWERMENT & ENTREPREN.						Х		140,771.	0.	5,222.
(34) LIAM DALL	45.00									
SENIOR DIRECTOR OF DEVELOPMENT						Х		129,867.	0.	7,711.
(35) SARA VANDEPEUTE	45.00									-
VP, FINANCE & ADMINISTRATION						Х		128,567.	0.	10,259.
(36) ZOE DEAN SMITH	45.00									-
SENIOR DIRECTOR, GLOBAL PROGRAMS						Х		126,896.	0.	7,408.
(37) JENNIFER SMITH	45.00									-
SR. DIRECTOR, STRATEGIC PARTNERSHIPS						Х		123,268.	0.	9,711.
		l								
T. I. B. I. W. O. II								1,196,203.		93,088.
Total to Part VII, Section A, line 1c								1,130,403		33,000.

Pa	rt VI	Statement of Rever	nue					
		Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII			
					(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					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
S, (С	Fundraising events	1c 1,	775,456.				
Giff	d	Related organizations	1d					
Sr.	е	Government grants (contribut	ions) 1e 1,	726,995.				
er S	f	All other contributions, gifts, gran						
je je		similar amounts not included abo	ve 1f 3,	494,464.				
ont od (_	Noncash contributions included in lines			6 006 015			
<u>a</u> C	h	Total. Add lines 1a-1f			6,996,915.			
				Business Code				
Program Service Revenue	2 a							
Ser.	b							
m S	C							
gra Re	d							
Pro	e	All other program service reve						
		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			1,970.			1,970.
	4	Income from investment of ta						
	5	Royalties			2,730.			2,730.
		•	(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	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)		······ <u> </u>				
Other Revenue	в а	Gross income from fundraisin including \$ 1,775,4	56 of					
Ş.		contributions reported on line						
Ä.		Part IV, line 18	•	110,816.				
the	b	Less: direct expenses		746,588.				
0		Net income or (loss) from fund			-635,772.			-635,772.
		Gross income from gaming ac						
		Part IV, line 19	а					
	b	Less: direct expenses	b					
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less	returns					
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale						
	44	Miscellaneous Revenu SUBLEASE INCOME		Business Code 900099				129 507
			<u> </u>	900099	128,597. 9,554.			128,597. 9,554.
	b			700099	9,334.			9,334.
	q	All other revenue						
		Total. Add lines 11a-11d		•	138,151.			
	12	Total revenue. See instructions.			6,503,994.	0.	0.	-492,921.

632009 11-11-16

Part IX Statement of Functional Expenses

	check it Schedule O contains a respons	7.53	this Part IX		A							
7b, 8		(A) I	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)									
1	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses							
	Grants and other assistance to domestic organizations		СХРОПОСС	gorioral experiess	сдропосс							
	and domestic governments. See Part IV, line 21	216,448.	216,448.									
2	Grants and other assistance to domestic											
	individuals. See Part IV, line 22	39,299.	39,299.									
3	Grants and other assistance to foreign											
	organizations, foreign governments, and foreign	1 005 101	1 005 101									
	individuals. See Part IV, lines 15 and 16	1,085,101.	1,085,101.									
4	Benefits paid to or for members											
5	Compensation of current officers, directors,	613,314.	182,897.	416,714.	13,703.							
•	trustees, and key employees	013,314.	102,097.	410,714.	13,703.							
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	2,699,640.	1,824,426.	439,513.	435,701.							
8	Pension plan accruals and contributions (include	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,,									
•	section 401(k) and 403(b) employer contributions)	37,216.	23,897.	7,119.	6,200.							
9	Other employee benefits	236,879.	154,606.	43,574.	38,699.							
10	Payroll taxes	234,201.	142,711.	59,320.	32,170.							
11	Fees for services (non-employees):	-	-									
а	Management											
	Legal	22,875.	16,034.	6,841.								
	Accounting	62,107.		62,107.								
d	Lobbying	89.	89.									
е	Professional fundraising services. See Part IV, line 17	5,000.			5,000.							
	Investment management fees											
g	Other. (If line 11g amount exceeds 10% of line 25,	1 101 005	1 125 600	00 207	06.000							
	column (A) amount, list line 11g expenses on Sch 0.)	1,191,287.	1,135,688.	29,397.	26,202.							
	Advertising and promotion	226 020	67.666	140 070	27 475							
13	Office expenses	236,020.	67,666. 67,366.	140,879.	27,475.							
14	Information technology	116,880.	67,300.	49,337.	20,157.							
15	Royalties	708,986.		708,986.								
16	Occupancy	1,619,226.	1,527,929.	52,118.	39,179.							
17 10	Payments of travel or entertainment expenses	1,015,220.	1,521,525.	32,110.	33,113.							
18	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings	631,571.	620,757.		10,814.							
20	Interest	. ,	.,		- ,							
21	Payments to affiliates											
22	Depreciation, depletion, and amortization	24,582.		24,582.								
23	Insurance	45,600.		45,600.								
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.) BAD DEBT EXPENSE	44,365.	35,000.	9,365.								
a	G&A ALLOCATION	0.	1,237,672.	-1,354,966.	117,294.							
C		•	_,,	_,,,	,							
d												
	All other expenses											
25	Total functional expenses. Add lines 1 through 24e	9,870,686.	8,377,586.	720,506.	772,594.							
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)				F 000 (2010)							

Form **990** (2016)

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Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,992,815. 4,170,892. Cash - non-interest-bearing 1 46,204. 1,401,684. 2 Savings and temporary cash investments 4,183,661. 1,437,847. 3 Pledges and grants receivable, net 4 4 Accounts receivable, net **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 Notes and loans receivable, net 7 13,407. 19,631. 8 Inventories for sale or use 294,494. 325,687. Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other 378,940. basis. Complete Part VI of Schedule D _____ 10a 291,847. 87,093. b Less: accumulated depreciation 10b 111,674. 10c Investments - publicly traded securities 11 11 70,733. 70,733. 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 11,987. 23,252. 15 Other assets. See Part IV, line 11 15 8,909,276. 5,352,518. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 441,228. 17 291,385. 17 Accounts payable and accrued expenses 18 18 Grants payable 6,975. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 983. 1,157. 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, _iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 401,711. 368,289. Schedule D 850,897. 660,831. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here \(\bigvee \bigvee X \) and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 1,485,276. 1,619,620. 27 Unrestricted net assets 27 6,573,103. 3,072,067. Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund

5,352,518. Form **990** (2016)

4,691,687.

32

33

8,058,379.

8,909,276.

32

33

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances _____

Pa	rt XI Reconciliation of Net Assets					<i>y</i> -
	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				94.
2	Total expenses (must equal Part IX, column (A), line 25)	2				86.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,	05	8,3	79.
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	4,	69	1,6	87.
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	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	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 separat	e basis,				
	consolidated basis, or both:					
	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	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	Jit			
	Act and OMB Circular A-133?		L	3а	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	it			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u></u>	3b	Х	

Form **990** (2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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

Employer identification number

Open to Public Inspection

VITAL VOICES GLOBAL PARTNERSHIP, 52-2151557 TNC Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, 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 organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

f	Enter the number of supported of	organizations					
g	Provide the following information	n about the supporte	ed organization(s).				•
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount of monetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Γota	al						

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III

52-2151557 Page 2 Schedule A (Form 990 or 990-EZ) 2016 VITAL VOICES GLOBAL PARTNERSHIP, INC.

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
	Gifts, grants, contributions, and	. ,	` '	, ,	<u> </u>	, ,	.,		
	membership fees received. (Do not								
		10050432.	13060167.	9582541.	12862692.	6996915.	52552747.		
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								
4	Total. Add lines 1 through 3	10050432.	13060167.	9582541.	12862692.	6996915.	52552747.		
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,								
	column (f)						16068268.		
	Public support. Subtract line 5 from line 4.						36484479.		
Se	ction B. Total Support								
	ndar year (or fiscal year beginning in) ►		(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
7	Amounts from line 4	10050432.	13060167.	9582541.	12862692.	6996915.	52552747.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties	00000	44 202	100 066	105 000	400 000	445 640		
	and income from similar sources	22,029.	41,323.	123,966.	127,028.	133,297.	447,643.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital	4 000	7 406	2 772	204		1 - 401		
	assets (Explain in Part VI.)	4,828.	7,486.	2,773.	394.		15,481. 53015871.		
	Total support. Add lines 7 through 10		,				508,549.		
12	Gross receipts from related activities		,			12	300,349.		
13	•	-	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	_		
Sec	organization, check this box and stop ction C. Computation of Publ			·····			<u></u>		
	Public support percentage for 2016 (rolumn (f))		14	68.82 %		
15						15	68.82 %		
	16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ X								
b	b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization qualifies as a publicly supported organization								
17a	17a 10% -facts-and-circumstances test - 2016. 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								
b	10% -facts-and-circumstances tes								
	more, and if the organization meets t	he "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	in Part VI how the	е		
	organization meets the "facts-and-cir	cumstances" test.	The organization of	qualifies as a publi	icly supported orga	anization	▶□		
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instruction	ıs ▶		

Schedule A (Form 990 or 990-EZ) 2016

52-2151557 Page 3

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed by	elow, please com	plete Part II.)				
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is fo	r the organization'	's first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organ	ization,
				<u></u>		>
Section C. Computation of Pub	ic Support Pe	ercentage				
15 Public support percentage for 2016 (line 8, column (f) c	divided by line 13 , or	column (f))		15	%
16 Public support percentage from 2015					16	%
Section D. Computation of Inve	stment Incom	ne Percentage				
17 Investment income percentage for 20)16 (line 10c, colu	mn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from	2015 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2016. If the					33 1/3%, and line	17 is not
more than 33 1/3%, check this box a	ınd stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	
b 33 1/3 % support tests - 2015. If the						
line 18 is not more than 33 1/3%, che	eck this box and s	stop here. The orga	anization qualifies	as a publicly supp	orted organizatio	n ▶Щ
Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

632023 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

1,7

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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
	1		
	2		
	3a		
	3b		
	3с		
	30		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	0-		
	9c		
	40-		
	10a		
	10b		
n 9	90 or 99	90-EZ	2016

Par	Part IV Supporting Organizations (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
11	1 Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described in (b) a	ind (c)		
	below, the governing body of a supported organization?	11a		
b	b A family member of a person described in (a) above?	11b		
С	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide details	il in Part VI. 11c		
Sec	ection B. Type I Supporting Organizations			
			Yes	No
1	1 Did the directors, trustees, or membership of one or more supported organizations have the power	to		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times du	uring the		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, super	vised, or		
	controlled the organization's activities. If the organization had more than one supported organization	١,		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the	supported		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	. 1		
2	2 Did the organization operate for the benefit of any supported organization other than the supported	t		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," expla	in in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that of	perated,		
	supervised, or controlled the supporting organization.	2		
Sec	ection C. Type II Supporting Organizations			
			Yes	No
1				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI hove			
	or management of the supporting organization was vested in the same persons that controlled or m	•		
	the supported organization(s).	1		
sec.	ection D. All Type III Supporting Organizations		1	
			Yes	No
1				
	organization's tax year, (i) a written notice describing the type and amount of support provided dur			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) c	·		
_	organization's governing documents in effect on the date of notification, to the extent not previous			
2	, , , , , , , , , , , , , , , , , , , ,			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in			
_	the organization maintained a close and continuous working relationship with the supported organiz			
3				
	significant voice in the organization's investment policies and in directing the use of the organization			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organizations are placed in this report.			
200	supported organizations played in this regard. ection E. Type III Functionally Integrated Supporting Organizations	3		
		the weeker instructions)		
1 a		uro yea loee irisu ucuoris).		
a b				
c			:)	
2		terestiminent entity (eee metreeteriete	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt po	irposes of	100	110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI id	·		
	those supported organizations and explain how these activities directly furthered their exempt pu			
	how the organization was responsive to those supported organizations, and how the organization de	·		
	that these activities constituted substantially all of its activities.	2a		
b	b Did the activities described in (a) constitute activities that, but for the organization's involvement, o			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Pa			
	reasons for the organization's position that its supported organization(s) would have engaged in the			
	activities but for the organization's involvement.	2b		
3	and a second of the second of			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors	s, or		
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	b Did the organization exercise a substantial degree of direction over the policies, programs, and act			

632025 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2016 VITAL VOICES GLOBAL PARTNERSHIP, INC. 52-2151557 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete S	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	1b		
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		
Sect	ion 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	Check here if the current year is the organization's first as a non-functional	lv integra	ated Type III supporting ord	anization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

52-2151557 Page 7 Schedule A (Form 990 or 990-EZ) 2016 VITAL VOICES GLOBAL PARTNERSHIP, INC.

Par	t V Type III Non-Functionally Integrated 509	(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 exemple			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es 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	he organization is responsive	Э	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
C	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i_	Carryover from 2011 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			

Schedule A (Form 990 or 990-EZ) 2016

b Excess from 2013 c Excess from 2014 d Excess from 2015 e Excess from 2016

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, 1	PART	II,	LINE	10,	EXPLAN.	ATION	FOR	OTHER	INCOME:
MISCELLANEOUS	S								
2012 AMOUNT:	\$	4,82	28.						
2013 AMOUNT:	\$	7,48	86.						
2014 AMOUNT:	\$	2,7	73.						
2015 AMOUNT:	\$	394	•						
2016 AMOUNT:	\$	0.							

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	$\boxed{\textbf{X}}$ 501(c)(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						
	lly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
	For an organization property) from any	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special I	Rules							
	sections 509(a)(1) a any one contributor	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 4, 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.						
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the cions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty 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. Don't 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 \ \bigsim \frac{\pi}{2}							
but it mu	st answer "No" on l	at isn't covered by the General Rule and/or the Special Rules doesn't 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 be 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) (2016)

VITAL VOICES GLOBAL PARTNERSHIP, INC.

52-2151557

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,585,379</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 800,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$555,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Nume, address, and Zir + 4	\$ 500,000.	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		\$ <u>424,256.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 305,000.	Person X Payroll

VITAL VOICES GLOBAL PARTNERSHIP, INC.

52-2151557

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$141,616 .	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.)
(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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

VITAL VOICES GLOBAL PARTNERSHIP, INC.

52-2151557

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if a	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
		\$	200 F7 000 PF\ (0016)

Employer identification number

Name of organization

(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transfe (b) Purpose of gift (c) Use of gift (d) Description of how gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transfe (e) Transfer of gift Transferee's name, address, and ZIP + 4 (c) Use of gift (d) Description of how gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transfe (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transfe		52-21515	IIP, INC.	OICES GLOBAL PARTNERSH	TAL V
Use duplicate copies of Part III if additional space is needed. (c) Use of gift (d) Description of how gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transfer of gift (b) Purpose of gift (c) Use of gift (d) Description of how gift or transferor to transfer of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transfer of gift (b) Purpose of gift (c) Use of gift (d) Description of how gift or transferor to transfer of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transfer or gift (e) Transfer of gift (f) Description of how gift or transferor to transfer or gift (g) Transfer of gift (h) Purpose of gift (h) Purpose of gift (c) Use of gift (d) Description of how gift or transferor to	than \$1,000 f	e entry. For organizations	olumns (a) through (e) and the following	the year from any one contributor. Complete co	irt III
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art I	ft is held	(d) Description of how gift i	(c) Use of gift	(b) Purpose of gift	No.
(e) Transfer of gift					# L 1 -
			(e) Transfer of gift		-
Transferee's name, address, and ZIP + 4 Relationship of transferor to transfer	eree	lelationship of transferor to transfere		Transferee's name, address, and	
					-

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.

OMB No. 1545-0047
2016

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

ax) (see separate instruct	• •	· O - marelata Davit III					
 Section 501(c)(4), (5), or Name of organization 	(6) organizatio	ns: Complete Part III.		T ₁	Employ	ver identification	n number
o	ΤͲΔΤ. 7/Ω	ICES GLOBAL PAR	TMERSHIP T			52-21515	
		nization is exempt und			27 or		757
					,	9	
1 Provide a description of	f the organizat	on's direct and indirect politic	eal campaign activities	in Part IV			
		es			\$		
3 Volunteer hours for politi							
• Volanteer Heart for poin	inda dampaign	4547455			-		
Part I-B Complete	if the orga	nization is exempt und	ler section 501(c)	(3).			
1 Enter the amount of any	y excise tax ind	curred by the organization und	der section 4955		▶\$_		
2 Enter the amount of any	y excise tax ind	curred by organization manage	ers under section 4955	j	▶\$_		
		1955 tax, did it file Form 4720					└─ No
4a Was a correction made	?					L Yes	L∐ No
b If "Yes," describe in Par	rt IV.				F04/-	1/0)	
•		nization is exempt und		-)(3).	
		y the filing organization for se			▶\$_		
	0 0	ition's funds contributed to ot	J				
					▶\$_		
	•	add lines 1 and 2. Enter here a		,			
		20-POL for this year?					∟ No
	-	loyer identification number (El		~			
• •	-	n listed, enter the amount pai				-	
	•	optly and directly delivered to		·	eparate	e segregated fun-	d or a
•	ee (PAC). II ad	ditional space is needed, prov	1				
(a) Name		(b) Address	(c) EIN	(d) Amount paid fr		(e) Amount of	•
				filing organization funds. If none, ente	I	contributions rec promptly and	
				Tariao. Il riorio, orico		delivered to a s	separate
						political organ	
						If none, ente	
							
			1	1			

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

632041 11-10-16

Schedule C (Form 990 or 990-EZ) 2016 Part II-A Complete if the organization 501(h)).	ganization is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (el	ection under
A Check ► if the filing organiza	ation belongs to an aff	iliated group (and list ir	n Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha	re of excess lobbying	expenditures).			
3 Check 🕨 🔲 if the filing organiza	ation checked box A a	nd "limited control" pro	ovisions apply.		
	its on Lobbying Expe ditures" means amo	enditures unts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion	(grass roots lobbying)		1,491.	
b Total lobbying expenditures to infl				5,965.	
c Total lobbying expenditures (add l	-			7,456.	
d Other exempt purpose expenditur				9,858,230.	
e Total exempt purpose expenditure				9,865,686.	
f Lobbying nontaxable amount. Ent				643,284.	
If the amount on line 1e, column (a)		bying nontaxable am			
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	,000.			
			_		
g Grassroots nontaxable amount (en	nter 25% of line 1f)			160,821.	
h Subtract line 1g from line 1a. If zer	ro or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zer	o or less, enter -0			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	_	
reporting section 4911 tax for this	year?			L	Yes N
(Some organizations t	hat made a section 5	eraging Period Under 501(h) election do not ate instructions for li	have to complete all	of the five columns b	elow.
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	688,210.	665,769.	670,692.	643,284.	2,667,955
b Lobbying ceiling amount (150% of line 2a, column(e))					4,001,933
c Total lobbying expenditures	9,250.	7,649.	7,660.	7,456.	32,015
d Grassroots nontaxable amount	172,053.	166,442.	167,673.	160,821.	666,989
e Grassroots ceiling amount					1 000 484

6,475.

Schedule C (Form 990 or 990-EZ) 2016

1,491.

765.

f Grassroots lobbying expenditures

4,596.

Schedule C (Form 990 or 990-EZ) 2016 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)	(b	o)
	e lobbying activity.	Yes	No	Amo	
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?				
	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				
Da	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501/o\/	5) or so	otion	
rai	501(c)(6).)	<i>J</i> , 01 36	CLIOII	
	301(0)(0).			Yes	No
4	Were substantially all (90% or more) dues received nondeductible by members?		1		110
1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization make only in house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
	t III-B Complete if the organization is exempt under section 501(c)(4), section			ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				ne 3, is
	answered "Yes."	•	` ,	•	•
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
С					
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	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	and 2 (see	
instr	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				
			advised funds	(b) Fun	ds and other accounts
1	Total number at end of year	.,		1	
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
	Did the organization inform all donors and donor advisors in w	writing that the ac	sata hald in danar adı	isod funds	
5	-	-			Yes No
_	are the organization's property, subject to the organization's e				L Yes L No
6	Did the organization inform all grantees, donors, and donor ac				
	for charitable purposes and not for the benefit of the donor or			-	
Pai	impermissible private benefit? t II Conservation Easements. Complete if the org.				Yes No
				, Part IV, line 7	
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 hi		
	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 for	m of a conserv	
	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 ir	ı (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	n 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	of	
	violations, and enforcement of the conservation easements it	holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violat	ions, and enforcing co	nservation eas	ements during the year
	>				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations,	and enforcing conser	vation easeme	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	on easements in i	ts revenue and expen	se statement, a	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ion's financial sta	tements that describe	es the organiza	tion's accounting for
	conservation easements.				
Pai	t III Organizations Maintaining Collections of			Other Simil	ar Assets.
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under SFAS 116 (AS	• • • • • • • • • • • • • • • • • • • •			
	historical treasures, or other similar assets held for public exh	nibition, education	i, 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	ent 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, į	provide the following amounts
	relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
	(ii) Assets included in Form 990, Part X				\$
2	If the organization received or held works of art, historical treat	asures, or other s	imilar assets for financ	cial gain, provid	e
	the following amounts required to be reported under SFAS 11	16 (ASC 958) rela	ting to these items:		
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

Schedule D (Form 990) 2016

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

		Collections of A							5155/	
										_
3	Using the organization's acquisition, accessing	on, and other record	is, chec	k any or the	tollowing tha	at are a sig	nilicant u	se of its	collection i	tems
	(check all that apply):									
а	Public exhibition	d			hange progra					
b	Scholarly research	е	• 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							se in Par	t XIII.	
5	During the year, did the organization solicit o				•			_	7	
	to be sold to raise funds rather than to be ma								Yes	<u> </u>
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		ete if the	organizatio	on answered	"Yes" on F	orm 990,	Part IV,	line 9, or	
	Is the organization an agent, trustee, custodi		diary for	contribution	ns or other as	sets not in	cluded			
	on Form 990, Part X?								Yes	X No
h	If "Yes," explain the arrangement in Part XIII								J 163	140
D	ii res, explain the arrangement in Part Alli	and complete the fo	nowing	labie.					Amount	
_	De since in a la classe a						4-		Amount	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance							37	1	
	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.									X
Par	t V Endowment Funds. Complete in									
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (d) Three ye	ars back	(e) Four ye	ears back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end balanc	ce (line 1	a column (a)) held as:	I				
	Board designated or quasi-endowment	•	%	9, 00.0	a,, 1101a ao.					
	Permanent endowment									
	Temporarily restricted endowment									
·	The percentages on lines 2a, 2b, and 2c sho									
2-	Are there endowment funds not in the posse		ation the	at ara bald a	and administr	wad far the	oraani-a	tion		
Sa		SSION OF THE ORGANIZ	alion in	at are rielu a	ina auministe	ered for the	organiza	ation	L.	N-
	by:									es No
	(i) unrelated organizations								3a(i)	_
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization				,				3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	0, Part I\	/, line 11a. S	See Form 990), Part X, li	ne 10.			
	Description of property	(a) Cost or o basis (investr			t or other (other)		umulated eciation	t	(d) Book v	/alue
1a	Land									
	Buildings									
	Leasehold improvements			17	5,174.		94,43	2.	80	,742.
	Equipment				8,451.		02,10			,351.
	Other				5,315.		95,31			0.
	. Add lines 1a through 1e. (Column (d) must e		X colur				-,		87	,093.
IJIA	i / laa iii laa Ta ti ii dagii Te. (Oolaiiiii (a) Iilast e	quai i oiiii ooo, i ait	A, Colui	(D), III IC					<u> </u>	,

Schedule D (Form 990) 2016

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
N E LI LI LI LI	(b) Book value	(c) Welfied of Valdation.	Cost of cha of year market value
) Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		
Part VIII Investments - Program Related.			10
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		ne 13. Cost or end-of-year market value
	(b) Book value	(C) Wethod of Valuation.	Cost of end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		V, line 11d. See Form 990, Part X, li	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part I		art X, line 25.
(a) Description of liability		(b) Book value	
(4) Federal income toward			
(1) Federal income taxes		358,089.	
(2) DEFERRED RENT AND LEASE B	ENEFIT		
	ENEFIT	10,200.	
(2) DEFERRED RENT AND LEASE B	ENEFIT		
(2) DEFERRED RENT AND LEASE B (3) SECURITY DEPOSIT	ENEFIT		
(2) DEFERRED RENT AND LEASE B (3) SECURITY DEPOSIT (4)	ENEFIT		
(2) DEFERRED RENT AND LEASE B (3) SECURITY DEPOSIT (4) (5)	ENEFIT		
(2) DEFERRED RENT AND LEASE B (3) SECURITY DEPOSIT (4) (5) (6) (7)	ENEFIT		
(2) DEFERRED RENT AND LEASE B (3) SECURITY DEPOSIT (4) (5) (6)	ENEFIT		

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) 2016



128,597.

9,870,686.

4c

Sche	dule D (Form 990) 2016 VIIAL VOICES GLOBAL PARINE	COUTE,	INC.	<u> 54-</u>	ZISISS/ Page 2
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per R	eturi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	7,488,375
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	366,390.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	746,588.		
е	Add lines 2a through 2d			2e	1,112,978
3	Subtract line 2e from line 1			3	6,375,397
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	128,597.		
С	Add lines 4a and 4b			4c	128,597
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,503,994
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	10,855,067
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	366,390.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)		746,588.		
е	Add lines 2a through 2d			2e	1,112,978
3	Subtract line 2e from line 1			3	9,742,089
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			

Part XIII Supplemental Information.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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:

b Other (Describe in Part XIII.)

c Add lines 4a and 4b

AS OF DECEMBER 31 2016 VITAL VOICES HELD \$1,157 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 UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED DECEMBER 31, 2016, 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) 2016

Schedule D (Form 990) 2016 VITAL VOICES GLOBAL PARTNERSHIP, INC.	52-2151557 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	746,588.
DADE VI I INE AD OBUED AD THORNESSES	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
SUBLEASE EXPENSES	128,597.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	746,588.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
	100 505
SUBLEASE EXPENSES	128,597.

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.

2016
Open to Public Inspection

Name of the organization

Employer identification number

VITAL VOICES GLOBAL PARTNERSHIP, INC. 52-2151557

Part I 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.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region (b) Number of employees, agents, and (b) type) (such as, fundraising, program service, for and sexpenditures) for and services.

3 Activities per Region. (T	he following Par	t I, line 3 table c	an be duplicated if additional space is	needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	0	6	PROGRAM SERVICES	HUMAN RIGHTS PROGRAMMING TO ADDRESS THE ISSUE OF VIOLENCE AGAINST WOMEN AND HUMAN TRAFFICKING;	543,180.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	HUMAN RIGHTS PROGRAMMING TO ADDRESS THE ISSUE OF	236,622.
SOUTH ASIA	0	2	PROGRAM SERVICES	VIOLENCE AGAINST WOMEN AND HUMAN TRAFFICKING;	364,516.
SOUTH ASIA	0	0	GRANTMAKING	BUSINESS AND LEADERSHIP TRAINING, TECHNICAL ASSISTANCE, NETWORKING,	104,790.
SOUTH AMERICA	0	3	PROGRAM SERVICES	AND MENTORING FOR SMALL	216,219.
SOUTH AMERICA	0	0	GRANTMAKING	NETWORKING, CAPACITY	25,220.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	BUILDING, MENTORING AND LEADERSHIP PROGRAM; HUMAN RIGHTS PROGRAMMING	64,998.
RUSSIA AND					
NEIGHBORING STATES	0	0	GRANTMAKING		26,540.
3 a Sub-total	0	11			1,582,085.
b Total from continuation sheets to Part I	0	9			2,311,862.
c Totals (add lines 3a and 3b)	0	20			3,893,947.

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SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2016



Schedule F (Form 990) Part I Continuation			DBAL PARTNERSHIP,IN n. (Schedule F (Form 990), Part I, line (VC. 52-215	1557 Page 1
(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	1	PROGRAM SERVICES	BUSINESS AND LEADERSHIP TRAINING, TECHNICAL ASSISTANCE, AND NETWORKING FOR SMALL AND	108,829.
NORTH AMERICA	0	0	GRANTMAKING		5,000.
MIDDLE EAST AND				BUSINESS AND LEADERSHIP TRAINING, TECHNICAL ASSISTANCE, AND	
NORTH AFRICA	0	4	PROGRAM SERVICES	NETWORKING FOR SMALL AND	607,068.
MIDDLE EAST AND					
NORTH AFRICA	0	0	GRANTMAKING	HUMAN RIGHTS PROGRAMMING TO ADDRESS THE ISSUES OF	438,717.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	VIOLENCE AGAINST WOMEN AND HUMAN TRAFFICKING;	110,825.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		24,192.
					,
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	FUNDRAISING		16,476.
EAST ASIA AND THE				HUMAN RIGHTS PROGRAMMING TO ADDRESS THE ISSUE OF HUMAN TRAFFICKING AND	
PACIFIC	0	2	PROGRAM SERVICES	VIOLENCE AGAINST WOMEN;	522,264.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		49,636.
CENTRAL AMERICA AND				BUSINESS AND LEADERSHIP TRAINING, TECHNICAL ASSISTANCE, NETWORKING,	, .
THE CARIBBEAN	0	2	PROGRAM SERVICES	AND MENTORING FOR SMALL	254,471.
Totals					
	•				

Schedule F (Form 990) Part I Continuation	VITAL VO	ICES GLO	BAL PARTNERSHIP, IN 1. (Schedule F (Form 990), Part I, line 3	C. 52-21	51557 _{Page 1}
					(6) T-1-1
(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
CENTRAL AMERICA AND					
THE CARIBBEAN	0	0	GRANTMAKING		174,384.
Totals		9			2,311,862.

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		CENTRAL AMERICA	MENTORING PROGRAM FOR					
		AND THE CARIBBEAN	SME BUSINESSWOMEN.	15,319.	WIRE TRANSFER	0.		
		CENTRAL AMERICA	MENTORING PROGRAM FOR					
			SME BUSINESSWOMEN.	10 920	WIRE TRANSFER	0.		
		AND THE CARIBDEAN	DME DOSINESSWOMEN.	10,320.	WIKE IKANSPEK	٠.		<u> </u>
		CENTRAL AMERICA	MENTORING PROGRAM FOR					
		AND THE CARIBBEAN	SME BUSINESSWOMEN.	10,080.	WIRE TRANSFER	0.		
			GRANT TO ADDRESS THE					
		CENTRAL AMERICA	ISSUE OF HUMAN					
		AND THE CARIBBEAN	TRAFFICKING.	8,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA	CAPACITY BUILDING	04.056				
		AND THE CARIBBEAN	GRANT. GRANT TO EXPAND A	24,056.	WIRE TRANSFER	0.		
			PROGRAM THAT					
		CENTRAL AMERICA	STRENGTHENS GIRLS'					
		AND THE CARIBBEAN	CONFIDENCE AND	25 000	WIRE TRANSFER	0.		
		IND THE CHAIDBEIN	CAPACITY BUILDING	23,000.	MIKE TREETER	• • •		
			GRANT TO FOCUS ON AN					
		CENTRAL AMERICA	ORGANIZATIONAL					
			BRANDING,	51,008.	WIRE TRANSFER	0.		
			,	,				
			GRANT TO ADDRESS THE					
		EAST ASIA AND THE	ISSUE OF HUMAN					
		PACIFIC	TRAFFICKING.	9 000.	WIRE TRANSFER	0.		

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **3** Enter total number of other organizations or entities

Schedule F (Form 990) 2016

Part II Continuation	n of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	, ago <u>=</u>
1 (a) Name of organization	n (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 ADDRESS THE					
		EAST ASIA AND THE	ISSUE OF HUMAN					
		PACIFIC	TRAFFICKING.	9,000.	WIRE TRANSFER	0.		
			GRANT TO PROVIDE					
			FUNDING TO REBRAND					
		EAST ASIA AND THE	AND STRENGTHEN					
		PACIFIC	COMMUNICATIONS	25,000.	WIRE TRANSFER	0.		
			D 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
			GRANT TO ADDRESS THE					
		ICELAND & GREENLAND)	ISSUE OF HUMAN TRAFFICKING.	9 000	WIRE TRANSFER	0.		
		GREENDAND /	TRAFFICKING.	9,000.	WIKE TRANSFER	0.		
		EUROPE (INCLUDING	GRANT TO ADDRESS THE					
		ICELAND &	ISSUE OF HUMAN					
		GREENLAND)	TRAFFICKING.	9,000.	WIRE TRANSFER	0.		
			GRANT TO ADDRESS THE					
		MIDDLE EAST AND	ISSUE OF GENDER-BASED					
		NORTH AFRICA	VIOLENCE.	292,403.	WIRE TRANSFER	0.		
			GRANT TO ADDRESS THE					
		MIDDLE EAST AND	ISSUE OF HUMAN					
		NORTH AFRICA	TRAFFICKING.	10,000.	WIRE TRANSFER	0.		
			SUPPORT FOR THE YOUNG					
		MIDDIE ENGE AND	WOMEN LEADERS					
		MIDDLE EAST AND NORTH AFRICA	BUILDING PEACE AND PROSPERITY PROGRAM IN	17 620	WIDE MDANCEED	0.		
		NORTH AFRICA	GRANT TO INVEST IN	17,020.	WIRE TRANSFER	0.		
			TECHNOLOGY TO PROVIDE					
		MIDDLE EAST AND	ONLINE LEARNING					
		NORTH AFRICA	OPPORTUNITIES TO	15.000.	WIRE TRANSFER	0.		
			GRANT TO PROVIDE	, , ,				
			LEADERSHIP TRAINING					
		MIDDLE EAST AND	TO FEMALE					
		NORTH AFRICA	PARLIAMENTARY	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 age <u>2</u>
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)
			RUSSIA AND	GRANT TO ADDRESS THE					
			NEIGHBORING	ISSUE OF HUMAN					
			STATES	TRAFFICKING.	9,000.	WIRE TRANSFER	0.		_
				MENHODING DROCRAM FOR					
			SOUTH AMERICA	MENTORING PROGRAM FOR SME BUSINESSWOMEN.	11 220	WIRE TRANSFER	0.		
			SOUTH AMERICA	DME BUSINESSWOMEN.	11,220.	WIRE TRANSFER	0.		+
				 ORGANIZATIONAL					
				CAPACITY BUILDING					
			SOUTH ASIA	GRANT.	14 050	WIRE TRANSFER	0.		
				GRANT TO HOLD TWO			- •		
				DANCE MOVEMENT					
				THERAPY COURSES TO					
			SOUTH ASIA	BENEFIT SURVIVORS OF	15,006.	WIRE TRANSFER	0.		
				CAPACITY BUILDING					
				GRANT TO EXPAND					
				SOCIAL ENTERPRISE'S					
			SOUTH ASIA	OPERATIONS AND REACH.	25,035.	WIRE TRANSFER	0.		
				GRANT TO SUPPORT					
				SPORTS PROGRAM FOR					
			SOUTH ASIA	GIRLS.	5,500.	WIRE TRANSFER	0.		
				GRANT TO PROVIDE					
				PRACTICAL LEADERSHIP,					
				RESEARCH, AND					
			SOUTH ASIA	ADVOCACY SKILLS IN	15,000.	WIRE TRANSFER	0.		
			SUB-SAHARAN	MENTORING PROGRAM FOR	10.000				
			AFRICA	SME BUSINESSWOMEN.	12,808.	WIRE TRANSFER	0.		
				CDANIM MO ADDDECC MILE					
			SUB-SAHARAN	GRANT TO ADDRESS THE ISSUE OF HUMAN					
			SUB-SAHARAN AFRICA		9 000	WIRE TRANSFER	0.		
			UL VICH	TRAFFICKING.	J 9,000.	MIKE IKANSEEK	U•		1



Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	1 ago <u>=</u>
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)
		SUB-SAHARAN	GRANT TO ADDRESS THE ISSUE OF HUMAN					
		AFRICA	TRAFFICKING.	9,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	GRANT TO ADDRESS THE ISSUE OF HUMAN TRAFFICKING.	9,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN	GRANT TO COMPLETE THE CONSTRUCTION OF A REHABILITATION CENTER					
		AFRICA	FOR VICTIMS OF HUMAN	50,000.	WIRE TRANSFER	0.		

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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
GENDER BASED VIOLENCE	CENTRAL AMERICA	2	10 000	WIDE MDANGEED			
EMERGENCY ASSISTANCE FUND	AND THE CARIBBEAN	2	10,000.	WIRE TRANSFER	0.		+
	EUROPE (INCLUDING						
GENDER BASED VIOLENCE	ICELAND &						
EMERGENCY ASSISTANCE FUND	GREENLAND)	1	6,006.	WIRE TRANSFER	0.		
GENDER BASED VIOLENCE	MIDDLE EAST AND						
EMERGENCY ASSISTANCE FUND	NORTH AFRICA	15	53,693.	WIRE TRANSFER	0.		
	RUSSIA AND						
GENDER BASED VIOLENCE	NEIGHBORING						
EMERGENCY ASSISTANCE FUND	STATES	8	17 540	WIRE TRANSFER	0.		
EMERCENCE TIBETETINCE TONE	PIMILIS		17,540.	WIRD TRIMOTER	0.		
GENDER BASED VIOLENCE							
EMERGENCY ASSISTANCE FUND	SOUTH ASIA	6	12,011.	WIRE TRANSFER	0.		
GENDER BASED VIOLENCE	SUB-SAHARAN						
EMERGENCY ASSISTANCE FUND	AFRICA	28	110 075.	WIRE TRANSFER	0.		
			,				
							1



1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	X Yes	□ No

Schedule F (Form 990) 2016

43

Schedule F (Form 990) 2016 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. See instructions.

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:

IN ACCORDANCE WITH IRS INSTRUCTIONS, ALL AMOUNTS REPORTED IN PARTS I, II, AND III OF SCHEDULE F ARE REPORTED USING THE ACCRUAL BASIS OF ACCOUNTING WHICH IS THE SAME METHOD OF ACCOUNTING USED IN THE FINANCIAL STATEMENTS.

Schedule F (Form 990) 2016 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. See instructions.

PART I, LINE 3, COLUMN (E):

- (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: 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, AND NETWORKING 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

Schedule F (Form 990) 2016 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. See instructions.

TRAINING, TECHNICAL ASSISTANCE, AND NETWORKING FOR SMALL AND 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 ISSUES OF VIOLENCE AGAINST WOMEN AND 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 AND VIOLENCE AGAINST WOMEN; 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: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: GRANT TO EXPAND A PROGRAM THAT STRENGTHENS GIRLS' CONFIDENCE AND PRACTICAL SKILLS IN RURAL GUATEMALA.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: CAPACITY BUILDING GRANT TO FOCUS ON AN ORGANIZATIONAL BRANDING, COMMUNICATIONS, AND FUNDRAISING STRATEGY.

632075 09-21-16

Page 5

Part V Supplemental Information

COMMUNICATIONS ACTIVITIES.

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. See instructions.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: GRANT TO PROVIDE FUNDING TO REBRAND AND STRENGTHEN

REGION: MIDDLE EAST AND NORTH AFRICA

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

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: GRANT TO INVEST IN TECHNOLOGY TO PROVIDE ONLINE LEARNING OPPORTUNITIES TO WOMEN.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: GRANT TO PROVIDE LEADERSHIP TRAINING TO FEMALE PARLIAMENTARY CANDIDATES.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: GRANT TO HOLD TWO DANCE MOVEMENT THERAPY COURSES TO BENEFIT SURVIVORS OF HUMAN TRAFFICKING AND SEXUAL VIOLENCE.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: GRANT TO PROVIDE PRACTICAL LEADERSHIP, RESEARCH, AND ADVOCACY SKILLS IN HIGHER EDUCATION ENVIRONMENT TO WOMEN LEADERS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: GRANT TO COMPLETE THE CONSTRUCTION OF

Schedule F (Form 990) 2016

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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

Name of the organization

Employer identification number

VITAL V	OICES GLOBAL PARTN	FKS	нть	, INC.	27-7121	33 <i>1</i>
Part I Fundraising Activities required to complete this part	 Complete if the organization answet. 	ered "Y	es" or	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not
 Indicate whether the organization rais a Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, P If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (includerofess	non-g gover lising o ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Гotal			•			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit (contrib	utions	s or has been notified	d it is exempt from re	egistration

2016.04000 VITAL VOICES GLOBAL PARTNER VVGP

Schedule G (Form 990 or 990-EZ) 2016

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

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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

					events with gross receip	1
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANNUAL	SEATTLE	4	(add col. (a) through
				DINNER	4	col. (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	1,086,713.	279,075.	520,484.	1,886,272
	2	Less: Contributions	1,041,983.	262,750.	470,723.	1,775,456
L	3	Gross income (line 1 minus line 2)	44,730.	16,325.	49,761.	110,816
	4	Cash prizes				
	5	Noncash prizes			21,351.	21,351
8	6	Rent/facility costs	91,054.	12,306.	44,491.	147,851
ביינים ביליניו	7	Food and beverages	120,538.	34,338.	81,784.	236,660
Т	8	Entertainment	132,415.	1,500.	45,467.	179,382
1	9	Other direct expenses	103,611.	16,935.	40,798.	161,344
1	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		>	746,588
Ţ	11		ine 3, column (d)		>	-635,772
ar	tΙ	II Gaming. Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	
_		\$15,000 on Form 990-EZ, line 6a.		1 1		
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
				billyo/progressive billyo		col. (a) through col. (c
+	1_	Gross revenue				
.	2	Cash prizes				
- :	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
Ť		Other direct expenses	Yes %	Yes %	Yes %	
1	_	Maharahan lahan	No No		No No	
11	6	volunteer labor	1 1NO			
		Volunteer labor Direct expense summary, Add lines 2 through			.	
		Direct expense summary. Add lines 2 throug		,,	>	
			h 5 in column (d)			
	7 8	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	h 5 in column (d)			
	7 8 Ent	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization cond	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:		>	
a l	7 8 Ent	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization cond the organization licensed to conduct gaming a	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these		>	Yes N
a l	7 8 Ent	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization cond	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these		>	Yes N
a l	7 8 Ent	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization cond the organization licensed to conduct gaming a	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these		>	Yes N
a b	7 8 Ent Is t	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line interests the state(s) in which the organization conduct he organization licensed to conduct gaming a No," explain:	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these	states?	>	
a l b l	7 8 Entils t	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization cond the organization licensed to conduct gaming a	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ ctivities in each of these	states? erminated during the tax	>	

Schedule G (Form 990 or 990-EZ) 2016

632082 09-12-16

Sch	nedule G (Form 990 or 990-EZ) 2016 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		//
	a An outside facility	130	<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
1	of If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
	c If "Yes," enter name and address of the third party:			
•	on res, entername and address of the tillid party.			
	Name ▶			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
	Mandatory distributions:			
•	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	.Ш	Yes	└─ No
ı	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year 🕨 \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, li	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	S GLOBAL	PARTNERSHIP,	INC.	52-2151557 _F	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)					
						Schedule G (Form 990 or 9	990-EZ

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2016

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	Name of the organization VITAL VOI	CES GLOBA	AL PARTNERSH	HIP. INC.				Employer identification number $52-2151557$
criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organization and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (c) IRC section (organization or cash grant organization organization or assistance) PROMUNDO - U.S. 1367 CONNECTICUT AVENUE, NW, # 310 WASHINGTON, DC 20036 26-1931968 501(C)(3) 87,985. 0. 87,986. 0. 87,986. 0. 87,986. 0. 87,986. 0. 87,								<u> </u>
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) PROMUNDO- U.S. 1367 CONNECTICUT AVENUE, NW, # 310 MASHINGTON, DC 20036 INTERNATIONAL ORGANIZATION FOR MIGRATION - 17, ROUTE DES MORILLONS - GENEVA, SWITZERLAND CH-1211 53-6003423 71,722. 0. GLOBAL FUND FOR WOMEN, INC. 800 MARKET STREET, SEVENTH FLOOR SAN FRANCISCO, CA 94102 77-0155782 THE ORGANIZATION FOR PROSTITUTE SURVIVORS - 1609 19TH AVENUE - THE ORGANIZATION FOR PROSTITUTE SURVIVORS - 1609 19TH AVENUE -	criteria used to award the grants or assis	stance?						
1(a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (h) Purpose of grant or assistan						anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
PROMUNDO- U.S. 1367 CONNECTICUT AVENUE, NW, # 310 WASHINGTON, DC 20036 MIGRATION - 17, ROUTE DES MORILLONS - GENEVA, SWITZERLAND CH-1211 GLOBAL FUND FOR WOMEN, INC. GLOBAL FUND FOR WOMEN, INC. GLOBAL FUND FOR WOMEN, INC. SAN FRANCISCO, CA 94102 THE ORGANIZATION FOR PROSTITUTE SURVIVORS - 1609 19TH AVENUE - WASHINGTON (if applicable) (if applicable) (if applicable) (if appli	recipient that received more than S	\$5,000. Part II car	be duplicated if addi	tional space is need	ded.			
1367 CONNECTICUT AVENUE, NW, # 310 WASHINGTON, DC 20036 26-1931968 501(C)(3) 87,985. 0. EMERGENCY RESPONSE AND PROTECTION INITIATIVE. INTERNATIONAL ORGANIZATION FOR MIGRATION - 17, ROUTE DES MORILLONS - GENEVA, SWITZERLAND CH-1211 53-6003423 71,722. 0. GLOBAL FUND FOR WOMEN, INC. 800 MARKET STREET, SEVENTH FLOOR SAN FRANCISCO, CA 94102 77-0155782 THE ORGANIZATION FOR PROSTITUTE SURVIVORS - 1609 19TH AVENUE - EMERGENCY RESPONSE AND EMERGENCY RESPONSE AND A7,741. O. EMERGENCY RESPONSE AND FROTECTION INITIATIVE.		(b) EIN		, ,	non-cash	valuation (book, FMV, appraisal,		
MIGRATION - 17, ROUTE DES MORILLONS - GENEVA, SWITZERLAND CH-1211 53-6003423 71,722. 0. GLOBAL FUND FOR WOMEN, INC. 800 MARKET STREET, SEVENTH FLOOR SAN FRANCISCO, CA 94102 77-0155782 THE ORGANIZATION FOR PROSTITUTE SURVIVORS - 1609 19TH AVENUE - GENDER BASED VIOLENCE EMERGENCY RESPONSE AND A7,741. 0. GRANT TO ADDRESS THE ISSUE OF HUMAN	1367 CONNECTICUT AVENUE, NW, # 310	26-1931968	501(C)(3)	87,985.	0.			EMERGENCY RESPONSE AND
800 MARKET STREET, SEVENTH FLOOR SAN FRANCISCO, CA 94102 77-0155782 501(C)(3) 47,741. 0. EMERGENCY RESPONSE AND PROTECTION INITIATIVE. THE ORGANIZATION FOR PROSTITUTE SURVIVORS - 1609 19TH AVENUE - ISSUE OF HUMAN	MIGRATION - 17, ROUTE DES MORILLONS - GENEVA, SWITZERLAND	53-6003423		71,722.	0.			EMERGENCY RESPONSE AND
SURVIVORS - 1609 19TH AVENUE -	800 MARKET STREET, SEVENTH FLOOR	77-0155782	501(C)(3)	47,741.	0.			EMERGENCY RESPONSE AND
	SURVIVORS - 1609 19TH AVENUE -	45-5153408	501(C)(3)	9,000.	0.			ISSUE OF HUMAN
= Lines total number of countries (6)(6) and government organizations noted in the line 1 table								

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

Schedule I (Form 990) (2016)

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

Schedule I (Form 990) (2016) VITAL VOICES GI	JOBAL PAR	TNERSHIP,	INC.		52-2151557	Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	e 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 noncash	assistance
SUPPORT FOR PROJECTS LED BY YOUNG WOMEN LEADERS IN						
THEIR COMMUNITIES.	51	39,299	. 0.			
Part IV Supplemental Information. Provide the information red	uired in Part I, lir	ne 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 TH	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	OVIDE NAR	RATIVE ANI) FINANCIAL	REPORTING ON		
ALL FINDS AWARDED AS PART OF THE	CRAME AC	REGMENT T	/ΙΙΊΑΤΑ ΤΟΤΟΈ	S ALSO		

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 (such as, maid, chauffeur, chef)					
b	, 3					
	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 on line 1a?	2				
_						
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					
	 Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 					
	Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
7	organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a	х			
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х		
c	c Participate in, or receive payment from, an equity-based compensation arrangement?					
	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		X		
b	Any related organization?	5b		Х		
	If "Yes" on 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		
b	Any related organization?	6b		X		
_	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 nonfixed payments			v		
_	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			v		
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X		
9	If "Yes" on 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) 2016



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 aren't 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-MI	SC compensation	(C) Retirement and other deferred benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(15)(1)-(15)	reported as deferred on prior Form 990
(1) ALYSE NELSON	(i)	204,750.	0.	0.	4,517.	11,545.	220,812.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ALVIN ALLGOOD	(i)	189,088.	0.	0.	0.	16,601.	205,689.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CYNTHIA DYER	(i)	152,996.	0.	0.	3,405.	16,709.	173,110.	0.
VP, HUMAN RIGHTS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2016

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 \$13,703 DURING THE YEAR ENDED DECEMBER 31,
2016.

SCHEDULE 0 (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.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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

Employer identification number 52-2151557

VITAL VOICES GLOBAL PARTNERSHIP, INC.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: 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 2016, VITAL VOICES ORGANIZED THE PROGRAM IN ENGLAND AND AUSTRALIA. 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 LONDON, ENGLAND, IN FEBRUARY FOCUSED ON BUILDING THE CAPACITY OF WOMEN LEADERS OF NGO'S AS WELL AS WOMEN IN BUSINESS AND SOCIAL ENTERPRISE ENGAGED IN THE MOST URGENT ISSUES OF OUR TIME SUCH AS HUMANITARIAN CRISES, REBUILDING FRACTURED COMMUNITIES AND PROMOTING INCLUSIVE GROWTH; THEY WERE FROM COUNTRIES IN THE MIDDLE EAST & NORTH AFRICA (MENA) AS WELL AS EASTERN EUROPE, AS BOSNIA AND GEORGIA.

Name of the organization

Employer identification number

VITAL VOICES GLOBAL PARTNERSHIP, INC. 52-2151557

THE GLOBAL AMBASSADORS PROGRAM HELD IN SYDNEY, AUSTRALIA IN OCTOBER

FOCUSED ON ADDRESSING THE ONGOING NEEDS AND CHALLENGES FACING WOMEN

BUSINESS LEADERS IN THE ASIA PACIFIC REGION. IT CENTERED ON THE THEME

OF "EMPOWERING WOMEN LEADERS TO ADVANCE SUSTAINABLE DEVELOPMENT," AND

THE 10 MENTEES REPRESENTED AUSTRALIA, NEW ZEALAND, VIETNAM, FIJI, PAPUA

NEW GUINEA, MYANMAR AND THE PHILIPPINES.

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 13 EMERGING LEADERS FROM

NINE COUNTRIES ACROSS THE GLOBE TO COME TO THE UNITED STATES FOR A

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.

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

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 BUSINESS

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 2016 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. A TOTAL OF 61 FELLOWS FROM 32

COUNTRIES IN COHORT 3: 2015-2016 VVGROW FELLOWSHIP GRADUATED FROM THE

PROGRAM IN JUNE 2016. VITAL VOICES AND A TEAM OF CONSULTANTS AND

EXTERNAL EXPERTS FURTHER REFINED A GLOBAL TRAINING CURRICULUM DEVELOPED

IN 2013 FOR THE COHORT 4: 2016-2017 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 2016-2017 FELLOWSHIP INVOLVED AN INTENSIVE PARTICIPANT RECRUITMENT
AND 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 2016, THREE FOUR-DAY
REGIONAL, IN-PERSON TRAININGS WERE HELD IN MEXICO CITY, MEXICO; AMMAN,
JORDAN; AND CAPE TOWN, SOUTH AFRICA; WHERE 20-23 FELLOWS PER REGION
WORKED 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 FINAL SIX MONTHS OF THE FELLOWSHIP IN
2017, VITAL VOICES STAFF WILL CONNECT 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

Name of the organization

Employer identification number

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 2016, CITI FOUNDATION FUNDED THE COMPLETION OF A THIRD ROUND OF

PILOT PROGRAMS THAT BEGAN IN 2015, REACHING A TOTAL OF 76 MENTEES IN

FIVE COUNTRIES: ARGENTINA, COSTA RICA, EL SALVADOR, HONDURAS, AND SOUTH

AFRICA.

ANNPOWER INITIATIVE: 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 NEW YORK CITY, 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 2016, SMALL GRANTS WERE AWARDED TO PARTICIPANT PROJECTS. THE 2016

Name of the organization

Employer identification number

VITAL VOICES GLOBAL PARTNERSHIP, INC. 52-2151557 ANNPOWER PROJECTS INCLUDED EFFORTS TO EDUCATE YOUNG WOMEN ABOUT CAREER OPPORTUNITIES, INCREASE LITERACY RATES AND BUILD THE LEADERSHIP SKILLS FOR LOW-INCOME YOUTH IN THE LOS ANGELES AREA, PROMOTE SELF-ESTEEM AMONG DISABLED YOUTH, AND PROVIDE HYGIENE PRODUCTS TO YOUTH LIVING IN POVERTY. 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 OCTOBER, VITAL VOICES SELECTED SIX ANNPOWER FELLOWS TO PARTICIPATE IN A TRIP TO HALF MOON BAY CALIFORNIA TO PARTICIPATE IN THE VV100 STRATEGIC GATHERING. THE ANNPOWER GLOBAL DELEGATES WERE FULL PARTICIPANTS IN THE CONFERENCE, HEARING FROM TOP EXPERTS AND LEADERS WHO ARE MAKING REAL IMPACT IN EVERY CORNER OF THE WORLD. THE RETREAT INCLUDED KEYNOTE ADDRESSES FROM HIGH-PROFILE SPEAKERS, STORIES FROM PEOPLE WORKING ON CRITICAL GLOBAL ISSUES EVERY DAY, AND ACTION GROUPS WHERE ALL PARTICIPANTS WERE A PART OF DESIGNING SOLUTIONS TO THESE CHALLENGES. IN ADDITION TO ATTENDING THE CONFERENCE, DELEGATES PARTICIPATED IN LEADERSHIP AND COMMUNICATIONS TRAINING TO HELP THEM GROW AS LEADERS AND MAKE THE MOST OUT OF THEIR EXPERIENCE.

GLOBAL FREEDOM EXCHANGE: THE FOURTH ANNUAL GLOBAL FREEDOM EXCHANGE, A 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 22 WOMEN NGO LEADERS FROM COUNTRIES AROUND

Schedule O (Form 990 or 990-EZ) (2016)

13320716 786783 VVGP

Name of the organization **Employer identification number** VITAL VOICES GLOBAL PARTNERSHIP, INC. 52-2151557 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. VITAL VOICES ALSO PROVIDED GRANTS TO SUPPORT THE WORK OF THE FELLOWS IN THEIR HOME COUNTRIES. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: 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 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 2016, AS PART OF THE GENDER-BASED VIOLENCE EMERGENCY RESPONSE AND PROTECTION INITIATIVE, VITAL VOICES WITH SUPPORT FROM THE AVON FOUNDATION FOR WOMEN IMPLEMENTED THE INSTITUTE MODEL IN PARTNERSHIP WITH NETWORK MEMBERS IN THE PHILIPPINES, COLOMBIA, INDIA, ARGENTINA, AND SOUTH AFRICA. A

Name of the organization

VITAL VOICES GLOBAL PARTNERSHIP, INC.

Employer identification number 52-2151557

US-BASED DELEGATION WORKED ALONGSIDE FIVE LOCAL TRAINERS TO CARRY OUT

THE FOUR-DAY MULTI-DISCIPLINARY TRAINING FOR 50-60 PARTICIPANTS IN EACH

LOCATION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: 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 EIGHT DAYS THEY ARE IN WASHINGTON, DC. IN 2016, VITAL VOICES HONORED FOUR LEADERS WHO HAD BOLD VISIONS TO MAKE LASTING CHANGES IN THEIR COUNTRIES, AT AN EVENING PROGRAM ATTENDED BY OVER 1,000 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 CONTINUING 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 SOCIAL MEDIA PLATFORMS TO RAISE THEIR RESPECTIVE PUBLIC PROFILES AND BUILD AWARENESS AND VISIBILITY FOR THE LEADERS AND THEIR WORK. 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 Name of the organization

Employer identification number

VITAL VOICES GLOBAL PARTNERSHIP, INC. 52-2151557 VOICES PROVIDES SUPPORT TO THE HONOREES AND MANAGES A GRANT AWARD THAT ENABLES THE HONOREES TO IMPLEMENT CRITICAL PROGRAMMING. IN 2016, THE HONOREES WERE AGNES AGOYE AND MARIA PACHECO. AGNES HAS DEDICATED THE PAST 16 YEARS OF HER LIFE TO BETTERING THE LIVES OF WOMEN AND GIRLS IN LIBERIA. SHE WAS HONORED FOR HER UNWAVERING DEDICATION TO THIS CAUSE; AND TO SUPPORT HER AS SHE BUILDS THE DREAM RETRIEVAL CENTER, A COMPREHENSIVE CARE CENTER FOR SURVIVORS OF HUMAN TRAFFICKING. MARIA IS THE CO-FOUNDER AND PRESIDENT OF WAKAMI, A GROUP DEDICATED TO LINKING RURAL COMMUNITIES TO MARKETS AS A WAY TO GENERATE A PROSPERITY THAT STARTS IN REMOTE COMMUNITIES OF GUATEMALA. WAKAMI IS CURRENTLY EXPORTING FASHION ACCESSORIES TO 24 COUNTRIES, AND ITS PRODUCTS PROVIDE A SOURCE OF INCOME TO OVER 500 RURAL PEOPLE, 92% OF WHOM ARE WOMEN. MARIA WAS HONORED FOR THE INCREDIBLE IMPACT SHE HAS ALREADY ACHIEVED AND FOR THE VISION SHE HAS TO SCALE HER WORK TO AN EVEN GREATER LEVEL.

INNOVATION PARTNERSHIPS STRATEGIC PLANNING RETREAT: IN JUNE, VITAL

VOICES ORGANIZED A STRATEGIC PLANNING RETREAT FOR THREE MEMBERS OF OUR

GLOBAL LEADERSHIP NETWORK SAMAR MINALLAH, KAH WALLA, AND YIN MYO SU

WHICH BROUGHT TOGETHER LEADING STRATEGIC THINKERS, THOUGHT LEADERS AND

ISSUE AREA EXPERTS TO SERVE AS EXPERT ADVISORS TO EACH WOMAN LEADER.

THESE ADVISORS CHALLENGED EACH WOMAN TO CRITICALLY ANALYZE HER WORK,

ESTABLISH REALISTIC GOALS, AND BEGIN CREATING A LONG-TERM, STRATEGIC

PLAN FOR ACHIEVING HER VISION FOR HER COMMUNITY. FOLLOWING THE RETREAT,

SAMAR, MISUU AND KAH HAD THE OPPORTUNITY TO RECEIVE FINANCIAL SUPPORT

TO IMMEDIATELY IMPLEMENT THE GOALS AND OBJECTIVES SET OUT IN THEIR

STRATEGIC PLAN.

VV100 STRATEGIC GATHERING: FOR THE FIRST TIME IN ITS HISTORY, VITAL

Name of the organization

Employer identification number

VITAL VOICES GLOBAL PARTNERSHIP, INC. 52-2151557

VOICES CONVENED THE MOST EXCEPTIONAL 100 WOMEN IN THE VITAL VOICES

GLOBAL LEADERSHIP NETWORK THROUGH A STRATEGIC PARTNERSHIP WITH JOHNSON

& JOHNSON. FOR THE VV100 STRATEGIC GATHERING, PARTICIPANTS CAME

TOGETHER IN HALF MOON BAY, CALIFORNIA, FOR A FOUR-DAY PROGRAM OF

INDIVIDUALIZED CAPACITY BUILDING, INCLUDING JOHNSON & JOHNSON'S HUMAN

PERFORMANCE INSTITUTE; SHARING OF BEST PRACTICES ACROSS THE NETWORK AND

PROBLEM-SOLVING AMONG NETWORK PEERS; AND PARTNERING WITH VITAL VOICES

TO GALVANIZE THE LARGER GLOBAL LEADERSHIP NETWORK.

INNOVATION PARTNERSHIPS MONITORING & EVALUATION: IN 2016, VITAL VOICES

LAUNCHED A NEW PARTNERSHIP WITH THE GATES FOUNDATION TO PILOT AN

INNOVATIVE RESEARCH METHODOLOGY THAT SCALES THE VITAL VOICES MONITORING

AND EVALUATION (M&E) AND RESEARCH METHODOLOGY. THE PROJECT AIMS TO

PROVE HOW AND WHY OUR MODEL OF MAKING INVESTMENTS IN A SMALL GROUP OF

PROVEN WOMEN LEADERS WILL ACHIEVE LARGE SCALE AND SUSTAINABLE IMPACT IN

THEIR COMMUNITIES AND AROUND THE WORLD. IPSOS PUBLIC AFFAIRS WAS

SELECTED AS THE RESEARCH PARTNER FOR THIS PROJECT. IN 2016, VITAL

VOICES AND IPSOS CONDUCTED EXPLORATORY RESEARCH, SUCH AS ORGANIZATIONAL

INTERVIEWS, LITERATURE REVIEWS, AND CASE STUDIES; SELECTED PARTICIPANTS

FOR THE PROJECT; AND DESIGNED THE INSTRUMENTS AND PILOT EVALUATIONS FOR

EACH PARTICIPANT.

PROTECTION AND EMPOWERMENT OF WOMEN AND GIRLS IN IRAQI KURDISTAN: SINCE

2015 VITAL VOICES HAS OPERATED A PROGRAM FOCUSED ON INVESTING IN, AND

IMPROVING THE CAPACITY OF, ONE OF THE TOP WOMEN LEADERS IN OUR NETWORK.

OUR SUPPORT OF THIS FEMALE LEADER IS ENABLING HER TO IMPROVE AND

ENHANCE THE COMPREHENSIVE SERVICES AVAILABLE TO SURVIVORS OF GENDER

BASED VIOLENCE IN IRAQI KURDISTAN.

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization VITAL VOICES GLOBAL PARTNERSHIP, INC.

Employer identification number 52-2151557

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

LEADERSHIP NETWORK MEMBERS LED 86 WALKS IN 57 COUNTRIES AROUND THE

WORLD.

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 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 2016, 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.

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

EXPENSES \$ 298,096.

Name of the organization

VITAL VOICES GLOBAL PARTNERSHIP, INC.

Employer identification number 52-2151557

GLOBAL ENGAGEMENT AND PUBLIC AWARENESS

INCLUDING GRANTS OF \$ 2,583. REVENUE \$ 0.

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

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 DRAFT FEDERAL FORM 990 FOR ACCURACY. THEN, THE DRAFT FEDERAL

FORM 990 IS DISSEMINATED TO THE FINANCE AND AUDIT COMMITTEES. ONCE THESE

COMMITTEES HAVE REVIEWED AND PROVIDED ANY COMMENTS OR EDITS, THE DRAFT

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 DRAFT 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:

Schedule O (Form 990 or 990-EZ) (2016) Page 2 Name of the organization **Employer identification number** VITAL VOICES GLOBAL PARTNERSHIP, INC. 52-2151557 VITAL VOICES ENGAGED A THIRD PARTY COMPENSATION CONSULTANT IN 2011 TO 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. OTHER OFFICER AND KEY EMPLOYEE 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) (2016)

Name of the organization VITAL VOICES GLOBAL PARTNERSHIP, INC.	Employer identification number 52-2151557
PROGRAM SERVICE EXPENSES	637,942.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	637,942.
OTHER CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	497,746.
MANAGEMENT AND GENERAL EXPENSES	29,397.
FUNDRAISING EXPENSES	26,202.
TOTAL EXPENSES	553,345.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,191,287.