

Return of Organization Exempt From Income Tax

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2014 calendar year, or tax year beginning **2014**, and ending **2014**

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

C Name of organization **Speak Up for the Poor**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO Box 5595
 City or town, state or province, country, and ZIP or foreign postal code
Pasadena, CA 91117

D Employer identification number
27 0094780

E Telephone number
818-445-1403

F Name and address of principal officer: **Troy D. Anderson, PO Box 5595, Pasadena, CA 91117**

G Gross receipts \$ **224,822**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **www.speakupforthe poor.org**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2007**

M State of legal domicile: **CA**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: Speak Up exists to transform the world on behalf of poor. Our mission is to create a new reality for girls in poverty. We work toward this goal through educational programs, support of safe homes and practical legal casework.			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a) 3 4			
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 3			
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 1			
	6	Total number of volunteers (estimate if necessary) 6 20			
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a			
b	Net unrelated business taxable income from Form 990-T, line 34 7b				
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	224,800
	9	Program service revenue (Part VIII, line 2g)			22
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			224,822
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			63,223
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			46,746
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
14		Benefits paid to or for members (Part IX, column (A), line 4)			216,271
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			8,551
16a		Professional fundraising fees (Part IX, column (A), line 11e)			
b		Total fundraising expenses (Part IX, column (D), line 25) ▶			
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)			
Net Assets or Fund Balances	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)			
	19	Revenue less expenses. Subtract line 18 from line 12			
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year	91,455
	21	Total liabilities (Part X, line 26)			489
22	Net assets or fund balances. Subtract line 21 from line 20			90,966	

Part II Signature Block

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

Sign Here ▶ Signature of officer: *[Signature]* Date: **8/11/15**
 ▶ Type or print name and title: **Dorothy S Maddox, CFO**

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No