

**Short Form  
Return of Organization Exempt From Income Tax**

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

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2013 calendar year, or tax year beginning** \_\_\_\_\_, **2013, and ending** \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>B</b> Check if applicable:</p> <p>Address change <input type="checkbox"/></p> <p>Name change <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> Initial return</p> <p>Terminated <input type="checkbox"/></p> <p>Amended return <input type="checkbox"/></p> <p>Application pending <input type="checkbox"/></p> | <p><b>C</b> Name of organization<br/><b>Voice for the Needy</b></p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite</p> <p><b>2901 S Sepulveda Blvd</b> <b>217</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code</p> <p><b>Los Angeles</b> <b>CA 90064</b></p> | <p><b>D</b> Employer identification number<br/><b>46-2682461</b></p> <p><b>E</b> Telephone number<br/><b>(310) 404-6668</b></p> <p><b>F</b> Group Exemption Number . . . . . ▶</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**G** Accounting Method:  Cash  Accrual Other (specify) \_\_\_\_\_

**I Website:** ▶ **N/A**

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

**K Form of organization:**  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. . . . . ▶ \$ **12,171.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

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

|          |                                                                                                                                                                                                                                                |                                                  |                |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------|
|          | <b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .                                                                                                                                                                  | <b>1</b>                                         | <b>12,171.</b> |
|          | <b>2</b> Program service revenue including government fees and contracts . . . . .                                                                                                                                                             | <b>2</b>                                         |                |
|          | <b>3</b> Membership dues and assessments . . . . .                                                                                                                                                                                             | <b>3</b>                                         |                |
|          | <b>4</b> Investment income . . . . .                                                                                                                                                                                                           | <b>4</b>                                         |                |
|          | <b>5a</b> Gross amount from sale of assets other than inventory . . . . . <b>5 a</b>                                                                                                                                                           |                                                  |                |
|          | <b>b</b> Less: cost or other basis and sales expenses . . . . . <b>5 b</b>                                                                                                                                                                     |                                                  |                |
|          | <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . . <b>5 c</b>                                                                                                                          |                                                  |                |
|          | <b>6</b> Gaming and fundraising events                                                                                                                                                                                                         |                                                  |                |
|          | <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . . <b>6 a</b>                                                                                                                                            |                                                  |                |
|          | <b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . <b>6 b</b> |                                                  |                |
|          | <b>c</b> Less: direct expenses from gaming and fundraising events . . . . . <b>6 c</b>                                                                                                                                                         |                                                  |                |
|          | <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . <b>6 d</b>                                                                                                               |                                                  |                |
|          | <b>7a</b> Gross sales of inventory, less returns and allowances . . . . . <b>7 a</b>                                                                                                                                                           |                                                  |                |
|          | <b>b</b> Less: cost of goods sold . . . . . <b>7 b</b>                                                                                                                                                                                         |                                                  |                |
|          | <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . <b>7 c</b>                                                                                                                                   |                                                  |                |
|          | <b>8</b> Other revenue (describe in Schedule O) . . . . . <b>8</b>                                                                                                                                                                             |                                                  |                |
|          | <b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶ <b>9</b>                                                                                                                                                           |                                                  | <b>12,171.</b> |
| EXPENSES | <b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . . <b>10</b>                                                                                                                                                             |                                                  |                |
|          | <b>11</b> Benefits paid to or for members . . . . . <b>11</b>                                                                                                                                                                                  |                                                  |                |
|          | <b>12</b> Salaries, other compensation, and employee benefits . . . . . <b>12</b>                                                                                                                                                              |                                                  |                |
|          | <b>13</b> Professional fees and other payments to independent contractors . . . . . <b>13</b>                                                                                                                                                  |                                                  |                |
|          | <b>14</b> Occupancy, rent, utilities, and maintenance . . . . . <b>14</b>                                                                                                                                                                      |                                                  |                |
|          | <b>15</b> Printing, publications, postage, and shipping . . . . . <b>15</b>                                                                                                                                                                    |                                                  |                |
|          | <b>16</b> Other expenses (describe in Schedule O) . . . . . <b>16</b>                                                                                                                                                                          | See Form 990-EZ, Part I, Line 16, Other Expenses |                |
|          | <b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶ <b>17</b>                                                                                                                                                                        |                                                  | <b>12,171.</b> |
|          | <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . <b>18</b>                                                                                                                                                  |                                                  | <b>0.</b>      |
| ASSETS   | <b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . <b>19</b>                                                                 |                                                  |                |
|          | <b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . . <b>20</b>                                                                                                                                             |                                                  |                |
|          | <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶ <b>21</b>                                                                                                                                        |                                                  | <b>0.</b>      |

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

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

|                                                                                | (A) Beginning of year | (B) End of year |
|--------------------------------------------------------------------------------|-----------------------|-----------------|
| 22 Cash, savings, and investments                                              | 0.                    | 22 0.           |
| 23 Land and buildings                                                          | 0.                    | 23 0.           |
| 24 Other assets (describe in Schedule O)                                       | 0.                    | 24 0.           |
| 25 Total assets                                                                |                       | 25 0.           |
| 26 Total liabilities (describe in Schedule O)                                  | 0.                    | 26 0.           |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) |                       | 27 0.           |

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

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

What is the organization's primary exempt purpose? Animal Rescue

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

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

|                                                                                                                                       |      |        |
|---------------------------------------------------------------------------------------------------------------------------------------|------|--------|
| 28 <u>Provided Funds to Save abused Pit Bulls</u>                                                                                     |      |        |
| (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>                                            | 28 a | 518.   |
| 29 <u>Funds were donated to Romanian Veterenarian to treat 35 to 40 stray dogs in his clinic providing food and medical attention</u> |      |        |
| (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>                                            | 29 a | 5,510. |
| 30                                                                                                                                    |      |        |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                              | 30 a |        |
| 31 Other program services (describe in Schedule O)                                                                                    |      |        |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                              | 31 a |        |
| 32 Total program service expenses (add lines 28a through 31a)                                                                         | 32   | 6,028. |

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

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

| (a) Name and Title                       | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| <u>Daniela Popescu</u><br>President      | 20.00                                          | 0.                                                                         | 0.                                                                                      | 0.                                         |
| <u>Marius Popescu</u><br>Treasurer       | 20.00                                          | 0.                                                                         | 0.                                                                                      | 0.                                         |
| <u>Nicole Lynn DelGallo</u><br>Secretary | 10.00                                          | 0.                                                                         | 0.                                                                                      | 0.                                         |
|                                          |                                                |                                                                            |                                                                                         |                                            |
|                                          |                                                |                                                                            |                                                                                         |                                            |
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|                                          |                                                |                                                                            |                                                                                         |                                            |
|                                          |                                                |                                                                            |                                                                                         |                                            |

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

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

42a The organization's books are in care of Daniela Popescu Telephone no. (310) 404-6668
Located at 2901 S Sepulveda Blvd #217 Los Angeles CA ZIP+4 90064

42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
42c See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?

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

44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

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

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. 47  Yes  No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48  Yes  No

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a  Yes  No

b If 'Yes,' was the related organization a section 527 organization? 49b  Yes  No

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

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| n/a                                 |                                                |                                                   |                                                                                         |                                            |
| n/a                                 | 0.00                                           | 0.                                                | 0.                                                                                      | 0.                                         |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |

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

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

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

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

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  Yes  No

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

|                               |                              |                                                       |          |                                                            |                |
|-------------------------------|------------------------------|-------------------------------------------------------|----------|------------------------------------------------------------|----------------|
| <b>Sign Here</b>              | Signature of officer         |                                                       | Date     |                                                            |                |
|                               | Type or print name and title |                                                       |          |                                                            |                |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name   | Preparer's signature                                  | Date     | Check <input checked="" type="checkbox"/> if self-employed | PTIN           |
|                               | Clayton Westphal             | Clayton Westphal                                      | 02/14/14 |                                                            | P01044944      |
|                               | Firm's name ▶                | SUPERIOR TAX SOLUTIONS, INC                           |          | Firm's EIN ▶                                               | 20-2755113     |
|                               | Firm's address ▶             | 17131 BEACH BLVD STE 202<br>HUNTINGTON BEACH CA 92647 |          | Phone no.                                                  | (714) 635-2807 |

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

|                                                        |                                                     |
|--------------------------------------------------------|-----------------------------------------------------|
| Name of the organization<br><b>Voice for the Needy</b> | Employer identification number<br><b>46-2682461</b> |
|--------------------------------------------------------|-----------------------------------------------------|

**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 11, check only one box.)

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  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: \_\_\_\_\_
- 5  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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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.)
- 9  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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III – Functionally integrated      d  Type III – Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

|                                                                                                                                                                                        | Yes               | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . . | <b>11 g (i)</b>   |    |
| (ii) A family member of a person described in (i) above? . . . . .                                                                                                                     | <b>11 g (ii)</b>  |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .                                                                                                    | <b>11 g (iii)</b> |    |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in column (i) listed in your governing document? |    | (v) Did you notify the organization in column (i) of your support? |    | (vi) Is the organization in column (i) organized in the U.S.? |    | (vii) Amount of monetary support |
|------------------------------------|----------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----|--------------------------------------------------------------------|----|---------------------------------------------------------------|----|----------------------------------|
|                                    |          |                                                                                             | Yes                                                                       | No | Yes                                                                | No | Yes                                                           | No |                                  |
| (A)                                |          |                                                                                             |                                                                           |    |                                                                    |    |                                                               |    |                                  |
| (B)                                |          |                                                                                             |                                                                           |    |                                                                    |    |                                                               |    |                                  |
| (C)                                |          |                                                                                             |                                                                           |    |                                                                    |    |                                                               |    |                                  |
| (D)                                |          |                                                                                             |                                                                           |    |                                                                    |    |                                                               |    |                                  |
| (E)                                |          |                                                                                             |                                                                           |    |                                                                    |    |                                                               |    |                                  |
| <b>Total</b>                       |          |                                                                                             |                                                                           |    |                                                                    |    |                                                               |    |                                  |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                                   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') . . . . .                                                                                                  |          |          |          |          |          |           |
| 2 Tax revenues levied for the organization'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 <b>Total.</b> Add lines 1 through 3 . . . . .                                                                                                                                                                 |          |          |          |          |          |           |
| 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) . . . . . |          |          |          |          |          |           |
| 6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .                                                                                                                                                  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                                                       | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 . . . . .                                                                                                                                                                                                     |          |          |          |          |          |           |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .                                                                                          |          |          |          |          |          |           |
| 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 assets (Explain in Part IV.) . . . . .                                                                                                                        |          |          |          |          |          |           |
| 11 <b>Total support.</b> Add lines 7 through 10 . . . . .                                                                                                                                                                           |          |          |          |          |          |           |
| 12 Gross receipts from related activities, etc (see instructions) . . . . .                                                                                                                                                         |          |          |          |          | 12       |           |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                                                                 | 14 | % |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                                                                       | 15 | % |
| 16a <b>33-1/3% support test – 2013.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>                                                                                                                                                                         |    |   |
| 16b <b>33-1/3% support test – 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>                                                                                                                                                                        |    |   |
| 17a <b>10%-facts-and-circumstances test – 2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>      |    |   |
| 17b <b>10%-facts-and-circumstances test – 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/> |    |   |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                   |    |   |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal yr beginning in) ▶                                                                                                                                          | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (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 performed, 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 business under section 513 . . . . .                                                                             |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                          |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .                                                                   |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5 . . . . .                                                                                                                                             |          |          |          |          |          |           |
| 7 a 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 yr beginning in) ▶                                                                                                   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 . . . . .                                                                                                               |          |          |          |          |          |           |
| 10 a 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 IV.) . . . . .                                  |          |          |          |          |          |           |
| 13 Total Support. (Add lns 9, 10c, 11 and 12.) . . . . .                                                                                      |          |          |          |          |          |           |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .

**Section C. Computation of Public Support Percentage**

|                                                                                                     |    |   |
|-----------------------------------------------------------------------------------------------------|----|---|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 | % |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15. . . . .                       | 16 | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                          |    |   |
|----------------------------------------------------------------------------------------------------------|----|---|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . . . | 17 | % |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 . . . . .                        | 18 | % |

19 a 33-1/3% support tests — 2013. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .

    b 33-1/3% support tests — 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .





**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, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization

Voice for the Needy

Employer identification number

46-2682461

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Form 990-PF

Section:

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule** .

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on 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 certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ,**

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

Voice for the Needy

46-2682461

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                                     | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                         |
|---------------|-----------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1             | Daniela Popescu<br>2901 S Sepulveda Blvd #217<br>Los Angeles CA 90064 | \$ 10,661                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|               |                                                                       | \$                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|               |                                                                       | \$                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|               |                                                                       | \$                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|               |                                                                       | \$                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|               |                                                                       | \$                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2013**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

Voice for the Needy

46-2682461

Area with horizontal dashed lines for providing supplemental information.

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Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 16 Other Expenses**

---

|                                         |                       |
|-----------------------------------------|-----------------------|
| Other expenses (describe in Schedule O) |                       |
| Expenses as outlined on Part IX         | <u>12,171.</u>        |
| Total                                   | <u><u>12,171.</u></u> |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  
 Check if Schedule O contains a response or note to any line in this Part IX.  X

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                                                                     | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .                                                                                                                                |                       |                                 |                                        |                             |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .                                                                                                                                                  |                       |                                 |                                        |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .                                                                                                     |                       |                                 |                                        |                             |
| 4 Benefits paid to or for members. . . . .                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                               |                       |                                 |                                        |                             |
| 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. . . . .                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). . . . .                                                                                                                                      |                       |                                 |                                        |                             |
| 9 Other employee benefits . . . . .                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| 10 Payroll taxes . . . . .                                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| 11 Fees for services (non-employees):                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| a Management . . . . .                                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| b Legal . . . . .                                                                                                                                                                                                                                  | 1,500.                | 0.                              | 1,500.                                 | 0.                          |
| c Accounting . . . . .                                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| d Lobbying . . . . .                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| e Professional fundraising services. See Part IV, line 17 . . . . .                                                                                                                                                                                |                       |                                 |                                        |                             |
| f Investment management fees . . . . .                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .                                                                                                                               |                       |                                 |                                        |                             |
| 12 Advertising and promotion . . . . .                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| 13 Office expenses . . . . .                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| 14 Information technology . . . . .                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| 15 Royalties . . . . .                                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| 16 Occupancy . . . . .                                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| 17 Travel . . . . .                                                                                                                                                                                                                                | 2,643.                | 2,643.                          | 0.                                     | 0.                          |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                                        | 2,000.                | 0.                              | 1,000.                                 | 0.                          |
| 19 Conferences, conventions, and meetings . . . . .                                                                                                                                                                                                |                       |                                 |                                        |                             |
| 20 Interest . . . . .                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| 21 Payments to affiliates . . . . .                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                             |                       |                                 |                                        |                             |
| 23 Insurance . . . . .                                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| 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 O.) . . . . .                                     |                       |                                 |                                        |                             |
| a Local Charities . . . . .                                                                                                                                                                                                                        | 518.                  | 518.                            | 0.                                     | 0.                          |
| b Veterinarians . . . . .                                                                                                                                                                                                                          | 5,510.                | 5,510.                          | 0.                                     | 0.                          |
| c . . . . .                                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| d . . . . .                                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| e All other expenses . . . . .                                                                                                                                                                                                                     | 12,171.               | 9,671.                          | 2,500.                                 | 0.                          |
| 25 Total functional expenses. Add lines 1 through 24e. . . . .                                                                                                                                                                                     |                       |                                 |                                        |                             |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). . . . . |                       |                                 |                                        |                             |