

## NOTES

THESE SHOULD BE CONSIDERED BEFORE FILING

|  |   |
|--|---|
| Name<br><b>MY GIRLFRIEND'S HOUSE INC</b> | Employer Identification Number<br><b>27-4825287</b> |
|--|---|

001 PART I SUMMARY NOT REQUIRED: Prior-year amounts are not required for Part I, lines 8 through 17 when Item B, Initial Return check box on screen 1 is selected, or if Forms 990-EZ or 990-PF were filed last year. Review amounts entered on screen 2.

990EF

**EF Transmission Status**

**2011**

(Keep for your records)

Name(s) as shown on return

EIN number

**MY GIRLFRIEND'S HOUSE INC**

**27-4825287**

The following will be transmitted to the IRS.

990     8868     Amended

The following state returns will be transmitted:

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The following returns have been suppressed or are not eligible and will NOT be transmitted.

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EF Notes

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

|  |  |  |   |
|--|--|--|---|
| <b>A</b> For the 2011 calendar year, or tax year beginning   |  | <b>2011, and ending</b>  | <b>, 20</b>   |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input checked="" type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization <b>MY GIRLFRIEND 'S HOUSE INC</b>            |  | <b>D</b> Employer identification no.<br><b>27-4825287</b> |
|  | Doing Business As  |  | <b>E</b> Telephone number                                 |
|  | Number and street (or P.O. box if mail is not delivered to street address) |  | Room/suite  |
|  | <b>9244 EAST HAMPTON DR</b>  |  | <b>621</b>  |
| City or town, state or country, and ZIP + 4  |  | <b>88, 669</b>   |   |
| <b>Capitol Heights, MD 20743</b>   |  | <b>G</b> Gross receipts \$   |   |
| <b>F</b> Name and address of principal officer: <b>VERONICA EYENGA</b>   |  | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                       |   |
| <b>Same as C above</b>   |  | <b>H(b)</b> Are all affiliates included? If "No," attach a list. (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  | <b>H(c)</b> Group exemption number ▶   |   |
| <b>J</b> Website: ▶ <b>N/A</b>   |  |  |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |  | <b>L</b> Year of formation: <b>2010</b>  | <b>M</b> State of legal domicile: <b>MD</b>               |

| Part I Summary  |  |  |                               |
|---|--|--|-------------------------------|
| A<br>c<br>t<br>i<br>v<br>i<br>t<br>y<br>&<br>g<br>o<br>v<br>e<br>r<br>n<br>a<br>n<br>c<br>e                     | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO HELP GIRLS AND YOUNG WOMEN, AGES 8-18, PREPARE FOR THE ADULT WORLD AND ADULT RESPONSIBILITIES. THE ORGANIZATION WILL WORK WITH "AT RISK" GIRLS WHO NEED MENTORING AND GUIDANCE.</b> |  |                               |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |  |                               |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>   | <b>4</b>                      |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>   | <b>4</b>                      |
|   | <b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)  | <b>5</b>   | <b>0</b>                      |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>   | <b>15</b>                     |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>  | <b>0</b>                      |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34   | <b>7b</b>  | <b>0</b>   |                               |
| R<br>e<br>v<br>e<br>n<br>u<br>e   | <b>8</b> Contributions and grants (Part VIII, line 1h)   | Prior Year   | Current Year<br><b>88,669</b> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  |  | <b>0</b>                      |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |  | <b>0</b>                      |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |  | <b>0</b>                      |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |  | <b>88,669</b>                 |
|   | E<br>x<br>p<br>e<br>n<br>s<br>e<br>s   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) |                               |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   |  |  | <b>0</b>                      |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                     |  |  | <b>0</b>                      |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  |  |  | <b>0</b>                      |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>3,810</b>                               |  |  |                               |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  |  |  | <b>84,102</b>                 |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                             |  |  | <b>84,102</b>                 |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12  |  | <b>4,567</b>   |                               |
| N<br>e<br>t<br>A<br>s<br>s<br>e<br>t<br>s<br>o<br>r<br>F<br>u<br>n<br>d<br>B<br>a<br>l<br>a<br>n<br>c<br>e<br>s | <b>20</b> Total assets (Part X, line 16)   | Beginning of Current Year  | End of Year<br><b>6,287</b>   |
|   | <b>21</b> Total liabilities (Part X, line 26)  |  | <b>0</b>                      |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   |  | <b>6,287</b>                  |

**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 | <b>VERONICA EYENGA</b>            | 4/12/2012 |
|           | Signature of officer              | Date      |
|           | <b>VERONICA EYENGA, PRESIDENT</b> |           |
|           | Type or print name and title      |           |

|                        |   |                                  |                           |   |                          |
|------------------------|---|----------------------------------|---------------------------|---|--------------------------|
| Paid Preparer Use Only | Print/Type preparer's name<br><b>OSCAR H PRESSEL</b>                  | Preparer's signature             | Date<br><b>04-12-2012</b> | Check <input type="checkbox"/> if self-employed | PTIN<br><b>P01070065</b> |
|                        | Firm's name ▶ <b>OSCAR H PRESSEL CPA CHARTERED</b>                    | Firm's EIN ▶                     |                           |   |                          |
|                        | Firm's address ▶ <b>2137 ESPEY COURT SUITE 8<br/>Crofton MD 21114</b> | Phone no.<br><b>410-721-1300</b> |                           |   |                          |

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission: TO HELP GIRLS AND YOUNG WOMEN, AGES 8-18, PREPARE FOR THE ADULT WORLD AND ADULT RESPONSIBILITIES. THE ORGANIZATION WILL WORK WITH "AT RISK" GIRLS WHO NEED MENTORING AND GUIDANCE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 77,548 including grants of \$ ) (Revenue \$ ) PROVIDED SERVICE TO UNDERPRIVILEGED GIRLS AND YOUNG WOMEN INCLUDING PROVIDING A DESIGNER PURSE AND PERSONAL CARE ITEMS THE PROGRAM IS DESIGNED TO ALLOW MEMBERS TO INTERACT WITH YOUNG WOMEN ON A ONE ON ONE BASIS AS WELL AS GROUP BASIS TO PREPARE THEM FOR LIFE'S CHALLENGES. THERE ARE GROUP EVENTS TO EDUCATE THEM ABOUT THEIR FUTURE OPTIONS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ,, 77,548

**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 . . . . .   | X   |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)? . . . . .  | 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 . . . . .  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> 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 . . . . .   |     | X  |
| 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 . . . . .   |     |    |
| 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 . . . . .  |     | X  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .  |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .   |     | X  |
| 9   | Did the organization report an amount in Part X, line 21; 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 . . . . .   |     | 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 . . . . .  |     | X  |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |     |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .   |     | 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 . . . . .   |     | X  |
| c   | 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 . . . . .   |     | X  |
| 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 . . . . .  |     | X  |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .   |     | X  |
| 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 . . . . .  |     | X  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .   |     | 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, XII, and XIII is optional . . . . .  |     | X  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? . . . . .   |     | X  |
| 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 . . . . . |     | X  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . .   |     | X  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . .   |     | 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 (see instructions) . . . . .   |     | X  |
| 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 . . . . .  |     | 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 . . . . .  |     | X  |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? . . . . .  |     |    |

**Part IV Checklist of Required Schedules** (continued)

|     |   | Yes | No |
|-----|---|-----|----|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .   |     | X  |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .   |     | X  |
| 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 . . . . .  |     | X  |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 . . . . .                             |     | X  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .   |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .   |     |    |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .  |     | 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 . . . . .                                       |     | X  |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .  |     | 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 . . . . . |     | 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):   |     |    |
| a   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .   |     | X  |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .  |     | X  |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .  |     | X  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .  | X   |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .  |     | X  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .  |     | 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 . . . . .  |     | 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 . . . . .  |     | X  |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .   |     | X  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   |     | X  |
| b   | 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 . . . . .   |     | X  |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .   |     | 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 . . . . .   |     | X  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, description, sub-part, and Yes/No columns. Contains questions 1a through 14b regarding IRS filings and tax compliance.

**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 to any question in this Part VI

**Section A. Governing Body and Management**

|           |  | Yes | No       |
|-----------|--|-----|----------|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year . . . . .<br>If there are material differences in voting rights among members of the governing body, or<br>If the governing body delegated broad authority to an executive committee or similar<br>committee, explain in Schedule O. . . . . |     |          |
|           | <b>1a</b> <b>4</b>   |     |          |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent . . . . .   |     |          |
|           | <b>1b</b> <b>4</b>   |     |          |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with<br>any other officer, director, trustee, or key employee? . . . . .   | 2   | <b>X</b> |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct<br>supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .  | 3   | <b>X</b> |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .   | 4   | <b>X</b> |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .   | 5   | <b>X</b> |
| <b>6</b>  | Did the organization have members or stockholders? . . . . .   | 6   | <b>X</b> |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint<br>one or more members of the governing body? . . . . .  | 7a  | <b>X</b> |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members,<br>stockholders, or persons other than the governing body? . . . . .   | 7b  | <b>X</b> |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during<br>the year by the following:   |     |          |
| <b>a</b>  | The governing body? . . . . .  | 8a  | <b>X</b> |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body? . . . . .  | 8b  | <b>X</b> |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at<br>the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .  | 9   | <b>X</b> |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes | No       |
|------------|--|-----|----------|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates? . . . . .   | 10a | <b>X</b> |
| <b>b</b>   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,<br>affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .  | 10b |          |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .  | 11a | <b>X</b> |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |          |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .  | 12a | <b>X</b> |
| <b>b</b>   | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | 12b | <b>X</b> |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"<br>describe in Schedule O how this was done . . . . .  | 12c | <b>X</b> |
| <b>13</b>  | Did the organization have a written whistleblower policy? . . . . .  | 13  | <b>X</b> |
| <b>14</b>  | Did the organization have a written document retention and destruction policy? . . . . .   | 14  | <b>X</b> |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by<br>independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |     |          |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official . . . . .   | 15a | <b>X</b> |
| <b>b</b>   | Other officers or key employees of the organization . . . . .  | 15b | <b>X</b> |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)  |     |          |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement<br>with a taxable entity during the year? . . . . .   | 16a | <b>X</b> |
| <b>b</b>   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its<br>participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the<br>organization's exempt status with respect to such arrangements? . . . . . | 16b | <b>X</b> |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ,, \_\_\_\_\_
- 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) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ,, **VERONICA EYENGA (301)560-0506**      **9244 EAST HAMPTON DR Capitol Heights, MD 20743**



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

Check if Schedule O contains a response to any question in this Part VII

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and Title            | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                           |               |                       |                                     |             |   | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------|--|---|---------------------------|---------------|-----------------------|-------------------------------------|-------------|---|--|---|---|
|                                  |  | I n d i v i d u a l   | I n s t i t u t i o n a l | O f f i c e r | K e y e m p l o y e e | H i g h e s t c o m p e n s a t e d | F o r m e r |   |  |   |   |
| (1) CHELBE HARRIS<br>DIRECTOR    | 5.00   | X   |                           |               |                       |                                     |             | 0 | 0  | 0   |   |
| (2) JENNIFER THARPE<br>DIRECTOR  | 5.00   | X   |                           |               |                       |                                     |             | 0 | 0  | 0   |   |
| (3) CELINE KRISHACK<br>SECRETARY | 5.00   |   |                           | X             |                       |                                     |             | 0 | 0  | 0   |   |
| (4) VERONICA EYENGA<br>PRESIDENT | 15.00  |   |                           | X             |                       |                                     |             | 0 | 0  | 0   |   |
| (5)                              |  |   |                           |               |                       |                                     |             |   |  |   |   |
| (6)                              |  |   |                           |               |                       |                                     |             |   |  |   |   |
| (7)                              |  |   |                           |               |                       |                                     |             |   |  |   |   |
| (8)                              |  |   |                           |               |                       |                                     |             |   |  |   |   |
| (9)                              |  |   |                           |               |                       |                                     |             |   |  |   |   |
| (10)                             |  |   |                           |               |                       |                                     |             |   |  |   |   |
| (11)                             |  |   |                           |               |                       |                                     |             |   |  |   |   |
| (12)                             |  |   |                           |               |                       |                                     |             |   |  |   |   |
| (13)                             |  |   |                           |               |                       |                                     |             |   |  |   |   |
| (14)                             |  |   |                           |               |                       |                                     |             |   |  |   |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

| (A)<br>Name and Title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and director/trustee) |                 |               |               |                       |   |             | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------|---------------|---------------|-----------------------|---|-------------|--|---|---|
|  |  | I n d i r e c t o r   | D i r e c t o r | T r u s t e e | O f f i c e r | K e y e m p l o y e e | H i g h e s t c o m p e n s a t e d e m p l o y e e | F o r m e r |  |   |   |
| (15)   |  |   |                 |               |               |                       |   |             |  |   |   |
| (16)   |  |   |                 |               |               |                       |   |             |  |   |   |
| (17)   |  |   |                 |               |               |                       |   |             |  |   |   |
| (18)   |  |   |                 |               |               |                       |   |             |  |   |   |
| (19)   |  |   |                 |               |               |                       |   |             |  |   |   |
| (20)   |  |   |                 |               |               |                       |   |             |  |   |   |
| (21)   |  |   |                 |               |               |                       |   |             |  |   |   |
| (22)   |  |   |                 |               |               |                       |   |             |  |   |   |
| (23)   |  |   |                 |               |               |                       |   |             |  |   |   |
| (24)   |  |   |                 |               |               |                       |   |             |  |   |   |
| (25)   |  |   |                 |               |               |                       |   |             |  |   |   |
| <b>1b Sub-total</b> .....  |  |   |                 |               |               |                       |   |             |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |  |   |                 |               |               |                       |   |             |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |  |   |                 |               |               |                       |   | 0           | 0  | 0   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization .. 0

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....  |     | X  |
| <b>4</b> 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 ..... |     | X  |
| <b>5</b> 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 .....                       |     | X  |

**Section B. Independent Contractors**

**1** 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ..

| Part VIII  |   | Statement of Revenue   |  | (A)  | (B)                                | (C)                        | (D)   |  |
|--|---|--|--|--|------------------------------------|----------------------------|---|--|
|  |   |  |  | Total revenue                                | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 514 |  |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a  | Federated campaigns  | 1a   |  |                                    |                            |   |  |
|  | b   | Membership dues  | 1b   | 540  |                                    |                            |   |  |
|  | c   | Fundraising events   | 1c   | 1,836  |                                    |                            |   |  |
|  | d   | Related organizations  | 1d   |  |                                    |                            |   |  |
|  | e   | Government grants (contributions)  | 1e   |  |                                    |                            |   |  |
|  | f   | All other contributions, gifts, grants, and similar amounts not included above   | 1f   | 86,293                                       |                                    |                            |   |  |
|  | g   | Noncash contributions included in lines 1a-1f: \$  |  | 56,439                                       |                                    |                            |   |  |
|  | h   | <b>Total.</b> Add lines 1a-1f  |  |  | 88,669                             |                            |   |  |
| Program Service Revenue                                | 2a _____ Business Code                                |  |  |  |                                    |                            |   |  |
|  | b   | _____  |  |  |                                    |                            |   |  |
|  | c   | _____  |  |  |                                    |                            |   |  |
|  | d   | _____  |  |  |                                    |                            |   |  |
|  | e   | _____  |  |  |                                    |                            |   |  |
|  | f   | All other program service revenue  |  |  |                                    |                            |   |  |
|  | g   | <b>Total.</b> Add lines 2a-2f  |  |  |                                    |                            |   |  |
| Other Revenue  | 3   | Investment income (including dividends, interest, and other similar amounts)   |  |  |                                    |                            |   |  |
|  | 4   | Income from investment of tax-exempt bond proceeds   |  |  |                                    |                            |   |  |
|  | 5   | Royalties  |  |  |                                    |                            |   |  |
|  | 6a  | Gross rents  | (i) Real                                     | (ii) Personal                                |                                    |                            |   |  |
|  |   |  |  |  |                                    |                            |   |  |
|  | b   | Less: rental expenses  |  |  |                                    |                            |   |  |
|  | c   | Rental income or (loss)  |  |  |                                    |                            |   |  |
|  | d   | Net rental income or (loss)  |  |  |                                    |                            |   |  |
|  | 7a  | Gross amount from sales of assets other than inventory   | (i) Securities                               | (ii) Other                                   |                                    |                            |   |  |
|  |   |  |  |  |                                    |                            |   |  |
|  | b   | Less: cost or other basis and sales expenses   |  |  |                                    |                            |   |  |
|  | c   | Gain or (loss)   |  |  |                                    |                            |   |  |
|  | d   | Net gain or (loss)   |  |  |                                    |                            |   |  |
|  | 8a  | Gross income from fundraising events (not including \$ 1,836 of contributions reported on line 1c). See Part IV, line 18 | a  |  |                                    |                            |   |  |
|  |   |  | b  | Less: direct expenses                        |                                    |                            |   |  |
|  |   |  | c  | Net income or (loss) from fundraising events |                                    |                            |   |  |
|  | 9a  | Gross income from gaming activities. See Part IV, line 19  | a  |  |                                    |                            |   |  |
|  |   |  | b  | Less: direct expenses                        |                                    |                            |   |  |
| c  |   |  | Net income or (loss) from gaming activities  |  |                                    |                            |   |  |
| 10a  | Gross sales of inventory, less returns and allowances | a  |  |  |                                    |                            |   |  |
|  |   | b  | Less: cost of goods sold                     |  |                                    |                            |   |  |
|  |   | c  | Net income or (loss) from sales of inventory |  |                                    |                            |   |  |
| Miscellaneous Revenue                                  |   |  | Business Code                                |  |                                    |                            |   |  |
| 11a  | _____   |  |  |  |                                    |                            |   |  |
| b  | _____   |  |  |  |                                    |                            |   |  |
| c  | _____   |  |  |  |                                    |                            |   |  |
| d  | All other revenue                                     |  |  |  |                                    |                            |   |  |
| e  | <b>Total.</b> Add lines 11a-11d                       |  |  |  |                                    |                            |   |  |
| 12   | <b>Total revenue.</b> See instructions                |  |  | 88,669                                       | 0                                  | 0                          | 0   |  |

**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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

| 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 . . . . .  | 850                   |                                 | 850                                    |                             |
| c Accounting . . . . .   |                       |                                 |  |                             |
| d Lobbying . . . . .   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17 .  |                       |                                 |  |                             |
| f Investment management fees . . . . .   |                       |                                 |  |                             |
| g Other . . . . .  |                       |                                 |  |                             |
| 12 Advertising and promotion . . . . .   | 1,801                 |                                 |  | 1,801                       |
| 13 Office expenses . . . . .   | 856                   |                                 | 856                                    |                             |
| 14 Information technology . . . . .  | 6,587                 | 6,587                           |  |                             |
| 15 Royalties . . . . .   |                       |                                 |  |                             |
| 16 Occupancy . . . . .   |                       |                                 |  |                             |
| 17 Travel . . . . .  |                       |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .  |                       |                                 |  |                             |
| 20 Interest . . . . .  | 266                   | 266                             |  |                             |
| 21 Payments to affiliates . . . . .  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .   |                       |                                 |  |                             |
| 23 Insurance . . . . .   | 835                   |                                 | 835                                    |                             |
| 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 <b>PROGRAM EXPENSES</b>  | 70,473                | 70,473                          |  |                             |
| b <b>FUNDRAISING EVENTS</b>  | 2,009                 |                                 |  | 2,009                       |
| c <b>DUES</b>  | 222                   | 222                             |  |                             |
| d <b>MISC</b>  | 203                   |                                 | 203                                    |                             |
| e All other expenses . . . . .   |                       |                                 |  |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e .   | 84,102                | 77,548                          | 2,744                                  | 3,810                       |
| 26 <b>Joint costs.</b> 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) . . . . . |                       |                                 |  |                             |

| <b>Part X Balance Sheet</b>  |  | <b>(A)</b>        |           | <b>(B)</b>   |          |
|--|--|-------------------|-----------|--------------|----------|
|  |  | Beginning of year |           | End of year  |          |
| <b>A<br/>s<br/>s<br/>e<br/>t<br/>s</b>   | <b>1</b> Cash - non-interest-bearing . . . . .   |                   | <b>1</b>  | <b>6,037</b> |          |
|  | <b>2</b> Savings and temporary cash investments . . . . .  |                   | <b>2</b>  |              |          |
|  | <b>3</b> Pledges and grants receivable, net . . . . .  |                   | <b>3</b>  |              |          |
|  | <b>4</b> Accounts receivable, net . . . . .  |                   | <b>4</b>  | <b>250</b>   |          |
|  | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   |                   |           | <b>5</b>     |          |
|  | <b>6</b> 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 instructions) . . . . . |                   |           | <b>6</b>     |          |
|  | <b>7</b> Notes and loans receivable, net . . . . .   |                   |           | <b>7</b>     |          |
|  | <b>8</b> Inventories for sale or use . . . . .   |                   |           | <b>8</b>     |          |
|  | <b>9</b> Prepaid expenses and deferred charges . . . . .   |                   |           | <b>9</b>     |          |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   | <b>10a</b>        |           |              |          |
|  | <b>b</b> Less: accumulated depreciation . . . . .  | <b>10b</b>        |           | <b>10c</b>   |          |
|  | <b>11</b> Investments - publicly traded securities . . . . .   |                   |           | <b>11</b>    |          |
|  | <b>12</b> Investments - other securities. See Part IV, line 11 . . . . .   |                   |           | <b>12</b>    |          |
|  | <b>13</b> Investments - program-related. See Part IV, line 11 . . . . .  |                   |           | <b>13</b>    |          |
|  | <b>14</b> Intangible assets . . . . .  |                   |           | <b>14</b>    |          |
|  | <b>15</b> Other assets. See Part IV, line 11 . . . . .   |                   |           | <b>15</b>    |          |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .  |  | <b>0</b>          | <b>16</b> | <b>6,287</b> |          |
| <b>L<br/>i<br/>a<br/>b<br/>i<br/>l<br/>i<br/>t<br/>i<br/>e<br/>s</b>   | <b>17</b> Accounts payable and accrued expenses . . . . .  |                   | <b>17</b> |              |          |
|  | <b>18</b> Grants payable . . . . .   |                   | <b>18</b> |              |          |
|  | <b>19</b> Deferred revenue . . . . .   |                   | <b>19</b> |              |          |
|  | <b>20</b> Tax-exempt bond liabilities . . . . .  |                   | <b>20</b> |              |          |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  |                   |           | <b>21</b>    |          |
|  | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .   |                   |           | <b>22</b>    |          |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                   |           | <b>23</b>    |          |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                   |           | <b>24</b>    |          |
|  | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .  |                   |           | <b>25</b>    |          |
|  | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   |                   | <b>0</b>  | <b>26</b>    | <b>0</b> |
| <b>N<br/>e<br/>t<br/>A<br/>s<br/>s<br/>e<br/>t<br/>s<br/>o<br/>r<br/>F<br/>u<br/>n<br/>d<br/>B<br/>a<br/>l<br/>a<br/>n<br/>c<br/>e<br/>s</b> | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                   |           |              |          |
|  | <b>27</b> Unrestricted net assets . . . . .  |                   | <b>27</b> | <b>1,720</b> |          |
|  | <b>28</b> Temporarily restricted net assets . . . . .  |                   | <b>28</b> |              |          |
|  | <b>29</b> Permanently restricted net assets . . . . .  |                   | <b>29</b> | <b>4,567</b> |          |
|  | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                   |           |              |          |
|  | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                   | <b>30</b> |              |          |
|  | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                   | <b>31</b> |              |          |
|  | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                   | <b>32</b> |              |          |
| <b>33</b> Total net assets or fund balances . . . . .  |  | <b>0</b>          | <b>33</b> | <b>6,287</b> |          |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .   |  | <b>0</b>          | <b>34</b> | <b>6,287</b> |          |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

|   |  |   |        |
|---|--|---|--------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)  | 1 | 88,669 |
| 2 | Total expenses (must equal Part IX, column (A), line 25)   | 2 | 84,102 |
| 3 | Revenue less expenses. Subtract line 2 from line 1   | 3 | 4,567  |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 |        |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)   | 5 | 1,720  |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 6,287  |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

|    |  | Yes | No                                  |
|----|--|-----|-------------------------------------|
| 1  | Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |     |                                     |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | <input checked="" type="checkbox"/> |
| 2b | Were the organization's financial statements audited by an independent accountant?   |     | <input checked="" type="checkbox"/> |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. |     |                                     |
| d  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                          |     |                                     |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   |     | <input checked="" type="checkbox"/> |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits   |     |                                     |

**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. „ See separate instructions.

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization

MY GIRLFRIEND'S HOUSE INC

Employer identification number

27-4825287

**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 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 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-Other
- 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 it 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?

- (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? .....
- (ii) A family member of a person described in (i) above? .....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

h Provide the following information about the supported organization(s).

| (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 col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of 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

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions).

13 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

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2011; 15 Public support percentage from 2010 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2011; b 33 1/3% support test - 2010; 17a 10%-facts-and-circumstances test - 2011; b 10%-facts-and-circumstances test - 2010; 18 Private foundation.



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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or bus. under sec 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 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; c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 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; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 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 [X]

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2010 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2010 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2011. 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 - 2010. 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.

OMB No. 1545-0047

**2011**

**Name of the organization**

**Employer identification number**

**MY GIRLFRIEND'S HOUSE INC**

**27-4825287**

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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 Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF),

|  |   |
|--|---|
| <b>Name of organization</b><br>MY GIRLFRIEND'S HOUSE INC | <b>Employer identification number</b><br>27-4825287 |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|--|----------------------------|--|
| 1          | VERONICA M EYENGA<br><br>10401 TOTTENHAM RD<br><br>Cheltenham, MD 20623  | \$ 26,158                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2          | FEED THE CHILDREN<br><br>PO BOX 101<br><br>Oklahoma City, OK 73101       | \$ 19,078                  | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3          | BED BATH AND BEYOND<br><br>200 CLIFTON BLVD<br><br>Westminster, MD 21157 | \$ 17,561                  | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| —          | _____<br><br>_____<br><br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| —          | _____<br><br>_____<br><br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| —          | _____<br><br>_____<br><br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

|   |  |
|---|--|
| <b>Name of organization</b><br><p style="text-align: center;">MY GIRLFRIEND'S HOUSE INC</p> | <b>Employer identification number</b><br><p style="text-align: center;">27-4825287</p> |
|---|--|

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given   | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------|---|--|-------------------|
| 2                   | donated products<br><hr/> <hr/> <hr/> <hr/> | \$ 19,078                                | 06-30-2011        |
| 3                   | product<br><hr/> <hr/> <hr/> <hr/>          | \$ 17,561                                | 09-01-2011        |
| —                   | <hr/> <hr/> <hr/> <hr/>                     | \$ _____                                 | _____             |
| —                   | <hr/> <hr/> <hr/> <hr/>                     | \$ _____                                 | _____             |
| —                   | <hr/> <hr/> <hr/> <hr/>                     | \$ _____                                 | _____             |
| —                   | <hr/> <hr/> <hr/> <hr/>                     | \$ _____                                 | _____             |

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2011**

Department of the Treasury  
Internal Revenue Service

„ Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
„ Attach to Form 990.

**Open to Public  
Inspection**

Name of the organization

Employer identification number

**MY GIRLFRIEND'S HOUSE INC**

**27-4825287**

**Part I Types of Property**

|  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art-Works of art . . . . .   |                               |  |  |  |
| 2 Art-Historical treasures . . . . .   |                               |  |  |  |
| 3 Art-Fractional interests . . . . .   |                               |  |  |  |
| 4 Books and publications . . . . .   |                               |  |  |  |
| 5 Clothing and household<br>goods . . . . .                                  | X                             |  | 56,439   | FMV  |
| 6 Cars and other vehicles . . . . .  |                               |  |  |  |
| 7 Boats and planes . . . . .   |                               |  |  |  |
| 8 Intellectual property . . . . .  |                               |  |  |  |
| 9 Securities-Publicly traded . . . . .                                       |                               |  |  |  |
| 10 Securities-Closely held stock . . . . .                                   |                               |  |  |  |
| 11 Securities-Partnership, LLC,<br>or trust interests . . . . .              |                               |  |  |  |
| 12 Securities-Miscellaneous . . . . .  |                               |  |  |  |
| 13 Qualified conservation<br>contribution - Historic<br>structures . . . . . |                               |  |  |  |
| 14 Qualified conservation<br>contribution - Other . . . . .                  |                               |  |  |  |
| 15 Real estate-Residential . . . . .   |                               |  |  |  |
| 16 Real estate-Commercial . . . . .  |                               |  |  |  |
| 17 Real estate-Other . . . . .   |                               |  |  |  |
| 18 Collectibles . . . . .  |                               |  |  |  |
| 19 Food inventory . . . . .  |                               |  |  |  |
| 20 Drugs and medical supplies . . . . .                                      |                               |  |  |  |
| 21 Taxidermy . . . . .   |                               |  |  |  |
| 22 Historical artifacts . . . . .  |                               |  |  |  |
| 23 Scientific specimens . . . . .  |                               |  |  |  |
| 24 Archeological artifacts . . . . .   |                               |  |  |  |
| 25 Other „ ( )   |                               |  |  |  |
| 26 Other „ ( )   |                               |  |  |  |
| 27 Other „ ( )   |                               |  |  |  |
| 28 Other „ ( )   |                               |  |  |  |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29**

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . |     | X  |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .  | X   |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .  |     | X  |
| b If "Yes," describe in Part II.  |     |    |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.  |     |    |

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**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.

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

MY GIRLFRIEND'S HOUSE INC

Employer identification number  
27-4825287

01. Members or stockholder classes and rights (Part VI, line 6)

MEMBERS HAVE EQUAL VOTING RIGHTS TO ELECT OFFICERS AND DIRECTORS

02. Member election for additional members (Part VI, line 7a)

BY VOTE OF OFFICERS AND DIRECTORS

03. Form 990 governing body review (Part VI, line 11)

A COPY OF THIS 990 WAS PROVIDED TO ALL OFFICERS AND DIRECTORS

PRIOR TO FILING THE FORM. OFFICERS AND DIRECTORS ARE REQUESTED TO

REVIEW AND COMMENT ON ANY ITEM RELATIVE TO THE FORM 990 BEFORE IT IS FILED

04. Conflict of interest policy compliance (Part VI, line 12c)

ANY NON COMPLIANCE IS CAUSE FOR REMOVAL

05. Governing documents, etc, available to public (Part VI, line 19)

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,

AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC. THESE DOCUMENTS

ARE AVAILABLE ON THE ORGANIZATIONS BY WRITTEN REQUEST PAPER

COPIES WILL BE PROVIDED OR THEY ARE AVAILABLE IN THE ORGANIZATIONS'S OFFICE

06. Explanation of other changes in net assets or fund balances (Part XI, line 5)

INITIAL OPENING BALANCE START UP

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2011, or fiscal year beginning \_\_\_\_\_, and ending \_\_\_\_\_

„ **Do not send to the IRS. Keep for your records.**  
„ **See instructions.**

**2011**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**MY GIRLFRIEND'S HOUSE INC**

Employer identification number

**27-4825287**

Name and title of officer

**VERONICA EYENGA, PRESIDENT**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

|    |                          |   |                                     |   |  |    |               |
|----|--------------------------|---|-------------------------------------|---|--|----|---------------|
| 1a | Form 990 check here      | „ | <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | <u>88,669</u> |
| 2a | Form 990-EZ check here   | „ | <input type="checkbox"/>            | b | Total revenue, if any (Form 990-EZ, line 9)                      | 2b | _____         |
| 3a | Form 1120-POL check here | „ | <input type="checkbox"/>            | b | Total tax (Form 1120-POL, line 22)                               | 3b | _____         |
| 4a | Form 990-PF check here   | „ | <input type="checkbox"/>            | b | Tax based on investment income (Form 990-PF, Part VI, line 5)    | 4b | _____         |
| 5a | Form 8868 check here     | „ | <input type="checkbox"/>            | b | Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)     | 5b | _____         |

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize OSCAR H PRESSEL CPA CHARTER enter my PIN 00800 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature „

Date „ 04-15-2012

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

524986 59310  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature „ OSCAR H PRESSEL

Date „ 04-12-2012

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**