=orm 990	

Preparer Firm's name

► Arun Walia, CPA

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open	to	Public
Ins	pe	ction

Depa Interr	ntmen nal Re	t of the Treasury venue Service		about Form 990 and its in							ection	C
			dar year, or tax year begir	ning	, 2013, a	and endin	9			,		
		if applicable:		GIRLFRIEND'S			-	D Employ	er Iden	tification Nu	mber	
	\square	Address change Doing Business As 27 - 4										
	H,	Name change	Number and street (or P.O. bo	uite	E Telepho							
	Н	nitial return	(30)	1) 5	60-050	16						
	H	[erminated]	9244 EAST HAMPTC City or town, state or province,		stal code	621		(30)	_, _	00 000		
	H	Amended return	CAPITOL HEIGHTS		MD	20743		G Gross re	eceints	\$ 239	,924.	
	H	Application pending	F Name and address of principal	officer:	14D	20745	H(a) Is this	a group return			Yes	X No
	\Box'	application perioding				20742		subordinates			Yes	
	Та	k-exempt status	VERONICA 9244 EA X 501(c)(3) 501(c) (ST HAMPTON DR CAPITA)	4947(a)(1) or	527	lf 'No,'	attach a list. (see inst	ructions)		
<u>'</u> J		· · · ·) (Insert no.)	[4347(a)(1) 0					•		
		=- /	<u> </u>					exemption nu				
K		m of organization:	X Corporation Trust	Association Other	L Ye	ear of formatio	n: 201	0 141 8	tate of	egal domicile	: MD	
Pa	<u>π</u>	Summar Briefly describ	y be the organization's mission	a ar most significant ad			TDIAN	ND VOID			7000	0 1 0
	•		U	•				ND_YOU		OMAN,_	AGES_	8-18
JCe			<u>FOR THE ADULT WO</u> NIZATION WILL WO									
nar			G AND GUIDANCE.		SK_GIKUS_		<u>ED</u>					
ver	2	Check this bo		□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		of more th	an 25% (sets			
Activities & Governance	3		ting members of the govern	•	•				3			4
ŝ	4		lependent voting members						4			4
itie	5	Total number	of individuals employed in c	alendar year 2013 (Pa	rt V, line 2a)				5			0
tivi	6		of volunteers (estimate if ne	• /					6			10
Ac		7a Total unrelated business revenue from Part VIII, column (C), line 12										0.
	k	Net unrelated	business taxable income fr	om Form 990-T, line 34					7b			
	_						F	Prior Year		Cur	rent Ye	
ər	8		and grants (Part VIII, line 1	,				358,8	22.		239,	924.
ent	9	•	ice revenue (Part VIII, line 2	•								
Revenue	10 11		come (Part VIII, column (A), e (Part VIII, column (A), line									
_	12		= (Fart Vin, column (A), line = – add lines 8 through 11 (i		-			358,8	2.2		239,	0.
	13		milar amounts paid (Part IX					330,0	<u> </u>		439,	924.
	14		to or for members (Part IX,									
	15		r compensation, employee									
es												
Expenses			undraising fees (Part IX, co									_
хp	ł	o Total fundrais	ing expenses (Part IX, colu	mn (D), line 25) ►	[5,438.						
	17	Other expense	es (Part IX, column (A), line	s 11a-11d, 11f-24e) .				346,3	02.		241,	990.
	18	Total expense	es. Add lines 13-17 (must ed	qual Part IX, column (A)), line 25) ...			346,3	02.		241,	990.
<u> </u>	19	Revenue less	expenses. Subtract line 18	from line 12				12,5	20.		-2,	066.
Net Assets of Fund Balances							Beginni	ng of Currer	t Year	Enc	l of Yea	ar
ese Bala	20	```	Part X, line 16)					19,4	17.		16,	741.
let ⊿ und	21	Total liabilities	s (Part X, line 26)					6	10.			
Ζĩ	22	Net assets or	fund balances. Subtract line	e 21 from line 20				18,8	07.		16,	741.
Pa	rt II	Signatur	e Block									
Unde	er pena olete. D		lare that (have examined this return er (other than officer) is based on all	, including accompanying scheo information of which preparer h	dules and statements, has any knowledge.	and to the bes	t of my know	ledge and bel	ef, it is	true, correct,	and	
		► le	erea				0	6/24/1	4			
Sig	jn	Signatu	re of officer				Da	ate				
He	re		ONICA EYENGA				PRES	IDENT				
		Type or	print name and title.					_				
		Print/Type p	reparer's name	Preparer's signature		Date		Check	if	PTIN		
Pai	id	ARUN W	VALIA	ARUN WALIA				self-employe	d	P0070	7087	

Use Only	Firm's address	7959 LANSDALE RD			Firm's EIN					
		BALTIMORE	MD	21224	Phone no.	(443)	2	16-666	6	
May the IRS of	discuss this retur	m with the preparer shown above? (see instruc	ctions)				Х	Yes		No
3AA For Pa	perwork Reduct	tion Act Notice, see the separate instructior	ns.	TEEA0101 11	/08/13			Form 990	(2	(013)

			MY GIRLFRIEND				27-4	825287	Page 2
Par	t III		-	Service Accompli					
				s a response or note to a	ny line in this Part	III			[]
1	Brief	fly describ	be the organization's mi	ission:					
				NG WOMEN, AGES					
	PRI	EPARE_	FOR THE ADULT	WORLD AND ADUI	T_RESPONSI	BILITIES.			
			0, Page 2, Part III, Line	1 (continued)					
2	Did t	the organ	ization undertake any s	ignificant program servio	es during the year	which were not liste	ed on the prior		
	Forn	n 990 or 9	990-EZ?					Yes	X No
	lf 'Y€	es,' descr	ibe these new services	on Schedule O.					
3	Did t	the organ	ization cease conductir	ng, or make significant ch	nanges in how it co	onducts, any program	n services?	Yes	X No
	lf 'Y€	es,' descr	ibe these changes on S	Schedule O.					
4	Sect	tion 501(c	c)(3) and 501(c)(4) orga	service accomplishment nizations and section 49 nue, if any, for each prog	47(a)(1) trusts are	required to report th	services, as measu ne amount of grants	red by expens and allocatior	ses. ns to
4 a	ı (Coc	de:) (Expenses \$	216,653. ir	cluding grants of	\$ 24.	750.)(Revenue	\$ 23	39,924.)
				JNDERPRIVILEGED					<u>, , , , , , , , , , , , , , , , , , , </u>
				PURSE AND PERSC					
				BERS TO INTERAC					
				AS GROUP BASIS					
				S TO EDUCATE TH				<u> </u>	
	ΤŪ								
4 b	(Coc	de:) (Expenses \$	ir	ncluding grants of	\$) (Revenue	\$)
4.0	1000	40.) (Expenses \$:	aluding grants of	\$		č	<u> </u>
40	: (Coc	ue) (Expenses \$	"	iciuuling grants or	မှ 		ନ)
4 d	Othe	er prograr	n services. (Describe in	Schedule O.)					
		penses	\$	including grants o	f \$) (Re	venue \$)
4 e			m service expenses						
BAA					TEEA0102 07/02/13			For	m 990 (2013)

Form 990 (2013) MY GIRLFRIEND'S HOUSE INC Part IV Checklist of Required Schedules

1 4	Checkinst of Required Ochedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A</i>	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10		10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
á	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
ł	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.	11 b		Х
(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	11 c		Х
(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	11 d		Х
e	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a		Х
ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
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)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19		19		Х
20 8	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
I	o If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2013) MY GIRLFRIEND'S HOUSE INC

Par	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	. 21		х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	. 22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete			v
	Schedule J.	. 23		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a	. 24a		х
k	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
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?	. 24c		
c	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	. 24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	. 25a		х
k	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L. Part I	. 25b		x
		. 250		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	. 26		Х
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? <i>If 'Yes,' complete Schedule L, Part III</i>	. 27		х
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	· 28a		Х
k	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	· 28b		х
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? <i>If 'Yes,' complete Schedule L, Part IV</i>			Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	· 29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	. 30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	· 31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	. 32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	. 33		Х
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	. 34		х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	· 35a		Х
k	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	. 35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	· 36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	. 37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	. 38	Х	
BAA		Form	9 90 (2	2013)

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Page 4

Form	990 (2013) MY GIRLFRIEND'S HOUSE INC 27-482528	7	Р	age 5
Par				
	Check if Schedule O contains a response or note to any line in this Part V			. 🗌
			Yes	No
1 a	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a 0			
k	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
-		10		
	I Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a 0			
k	o If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
k	b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 a	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)?	4 a		х
ł	b If 'Yes,' enter the name of the foreign country: ►			
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	If Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
		00		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
t	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7 a		Х
k	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 c		Х
	If Yes,' indicate the number of Forms 8282 filed during the year	70		21
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 e 7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	71		
ç	as required?	7 g		
ł	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	-		
	Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business			
	holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	a Did the organization make any taxable distributions under section 4966?	9 a		
k	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
a	a Initiation fees and capital contributions included on Part VIII, line 12			
k	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11				
a	a Gross income from members or shareholders			
k	O Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
k	Enter the amount of reserves the organization is required to maintain by the states in			
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		Х
k	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

	Enter the number of voting members of the governing body at the end of the tax year 1 a 4 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4									
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?									
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	2 3		x x						
4	Did the organization make any significant changes to its governing documents									
	since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6	Х							
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a	Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
	I The governing body?	8 a	Х							
b	Each committee with authority to act on behalf of the governing body?	8 b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	-	ode							
			Yes	No						
10 a	I Did the organization have local chapters, branches, or affiliates?	10 a		Х						
	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their									
	operations are consistent with the organization's exempt purposes?	10 b								
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Х							
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official	15 a		Х						
b	Other officers of key employees of the organization	15 b		Х						
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)									
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		х						
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b								
Sec	tion C. Disclosure	100		L						
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 (501(c)(3)s only) available inspection. Indicate how you make these available. Check all that apply.	for pu	blic							
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available the public during the tax year.	le to								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	n:								
• BAA			560-0 990 (2							

Form 990 (2013) MY GIRLFRIEND'S HOUSE INC

Section A. Governing Body and Management

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.

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Х

No Yes

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Form 990 (2013) MY GIRLFRIEND'S HOUSE INC	27-4825287	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employe	es, and
Check if Schedule O contains a response or note to any line in this Part VII		🗋
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensa	ted Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year.	g with or within the	
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), recompensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	egardless of amount of	
• List all of the organization's current key employees, if any. See instructions for definition of 'key employ	/ee.'	

• 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.

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

				(C	;)					
(A) Name and Title	(B) Average hours per	one bo offic	x, ùnl	ess p	erson	more that is both /trustee	an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	relatéd organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DANIELLE RETLAND	_5.00									
DIRECTOR		Х						0.	0.	0.
(2) ALI_HERISCHI, ESQ DIRECTOR	_5.00	х						0.	0.	0.
(3) LATASHA MORGAN	_5.00									
DIRECTOR		Х						0.	0.	0.
_(4)_REBEKAH_GREGG DIRECTOR	_ <u>5.00</u>	х						0.	0.	0.
(5) VERONICA EYENGA	15.00									
PRESIDENT				Х				0.	0.	0.
_(6)										
(8)										
(10)										
(11)										
(12)										
<u>(13)</u>										
(14)										

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Pa	t VII Section A. Officers, Directors, Trus	tees,	Key	En	nple	oye	es,	an	d Highest Con	pensated Emp	loyees (continued)
		(B)			•	C)					
	(A) Name and title	Average hours per week	box offi	, unle cer a	heck ss pe nd a d	erson i directo	than o is both pr/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		(list any hours for related organiza - tions below dotted line)	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
C	Sub-total	Α							0.	0.	0.
	I Total (add lines 1b and 1c)								0.	0.	0.
	from the organization ►	5 11030	iisteu		500)	write					
3	Did the organization list any former officer, director, o on line 1a? If 'Yes,' complete Schedule J for such indi										Yes No
4	For any individual listed on line 1a, is the sum of report the organization and related organizations greater that such individual	n \$150,	000?	lf 'Y	′es'	com	plete	Scl	hedule J for		. 4 X
5	Did any person listed on line 1a receive or accrue com for services rendered to the organization? If 'Yes,' com	npensati	ion fr	om a	any	unre	lated	lorg	anization or individ	dual	. 5 X
_	tion B. Independent Contractors	in dama			- 4		44 4		aired as a sthese th	100 000 of	
1	Complete this table for your five highest compensated compensation from the organization. Report compens										ar.
	(A) Name and business address	3							(B) Description o		(C) Compensation
2	Total number of independent contractors (including bu \$100.000 of compensation from the organization	ıt not lin	nited	to th	nose	liste	ed ab	ove	l) who received mo	re than	

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s د ک	1 a Federated campaigns 1 a				
NANI	b Membership dues 1 b 0.				
5 Q	c Fundraising events 1c 9,043.				
AR A	d Related organizations 1 d				
INIL, G	e Government grants (contributions) 1e 10,000.				
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 220,881.				
	g Noncash contributions included in lines $1a-1f: \$ 162, 450$.				
₽ S	h Total. Add lines 1a-1f	239,924.			
NUE	Business Code				
NE	2a				
E R	b				
VIC	c				
SER	d				
AM	e				
0GF	f All other program service revenue				
<u>Å</u>	g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds ►				
	5 Royalties				
	(i) Real (ii) Personal				
	6 a Gross rents				
	b Less: rental expenses				
	c Rental income or (loss) .				
	d Net rental income or (loss)				
	7 a 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)				
NUE	8 a Gross income from fundraising events (not including \$ 9 , 043.				
OTHER REVEN	of contributions reported on line 1c).				
RR	See Part IV, line 18 a				
Ĩ	b Less: direct expenses b				
0	c Net income or (loss) from fundraising events ►				
	9 a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities ►				
	10 a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory ►				
	Miscellaneous Revenue Business Code				
	11a				
	b				
	c				
	d All other revenue	0.	0.	0.	0.
	e Total. Add lines 11a-11d	0.			
	12 Total revenue. See instructions	239,924.	0.	0.	0.

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	not include amounts reported on lines	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	7b, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	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 5	Benefits paid to or for members 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):			T	
	Management				
I	Legal				
C	Accounting	400.	0.	400.	0
C	Lobbying				
e	Professional fundraising services. See Part IV, line 17 .				
-	Investment management fees				
g	Other. (If line 11g amt exceeds 10% of line 25, column				
12	(A) amount, list line 11g expenses on Schedule O) Advertising and promotion	3,059.	1,721.	1,338.	0
13	Office expenses	1,858.	1,721.	1,858.	0
14	Information technology	1,050.	0.	1,000.	0
	Royalties				
15		20 051	27 (20	10 412	0
16	-	38,051.	27,638.	10,413.	0
17	Travel	374.	0.	374.	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,785.	3,159.	626.	0
23 24	Insurance				
:	,	32.013.	21,685.	4,890.	5,438
	PROGRAM_EXPENSES		162,450.	4,890.	5,438
C					
0					
	All other expenses	0.41 000	016 650	10.000	F 400
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	241,990.	216,653.	19,899.	5,438

Form 990 (2013) MY GIRLFRIEND'S HOUSE INC Part X Balance Sheet

Part X				
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing	2,952.	1	4,002
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	58
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		5 6	
A S S E 8	Notes and loans receivable, net		7	
	Inventories for sale or use		8	
т s 9	Prepaid expenses and deferred charges	3,600.	9	3,600
10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
ŀ	Less: accumulated depreciation	12,865.	10 c	9,081
11	Investments – publicly traded securities	12,005.	11	J,001
12	Investments – other securities. See Part IV, line 11		12	
13	Investments – program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	10 417	16	16 7/1
17	Accounts payable and accrued expenses.	<u> 19,417.</u> 610.	17	16,741
18	Grants payable.	010.	18	
19			19	
20	Tax-exempt bond liabilities		20	
1 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
A 21 B 22 L 2	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
T 23	Secured mortgages and notes payable to unrelated third parties		23	
E 23 S 24	Unsecured notes and loans payable to unrelated third parties		23	
24 25	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		25	
26	Total liabilities. Add lines 17 through 25	610.	26	0
N E T	Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34.			
A S 27	Unrestricted net assets	14,240.	27	12,174
A S S E T S S S S S	Temporarily restricted net assets	±1,210.	28	
20	Permanently restricted net assets	4,567.	29	4,567
R	Organizations that do not follow SFAS 117 (ASC 958), check here ►	1,507.		1,507
F U N 30	Capital stock or trust principal, or current funds		30	
	Paid-in or capital surplus, or land, building, or equipment fund		31	
B 31 A L 32	Retained earnings, endowment, accumulated income, or other funds		32	
N 33	Total net assets or fund balances.	18,807.	33	16,741
A C C S S 33 34	Total liabilities and net assets/fund balances	19,417.	34	16,741
<u>5 54</u> BAA		17,41/.	5-7	Form 990 (2013

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		4825	287	I	Page 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		239	924.
2	Total expenses (must equal Part IX, column (A), line 25)	2		241	990.
3	Revenue less expenses. Subtract line 2 from line 1	3		-2	066.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		18	807.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1.0	D / 1
Da	column (B))	10		16,	741.
га					_
	Check if Schedule O contains a response or note to any line in this Part XII			1	
			_	Ye	s No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		· · [2 a	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
I	Were the organization's financial statements audited by an independent accountant?			2 b	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		_		
(If Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?	it, 		2 c	x
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 a	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?		[3 a	x
I	If Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u>.</u> .		3 b	
BAA			F	orm 990	(2013)

OMB No. 1545-0047	<u></u>
0040	

		Public	Charity Status	and P	ublic	Supp	ort			OMB No.	1545-004	17
SCHEDULE A (Form 990 or 990-EZ)		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.								2013		
Department of the Treasury Internal Revenue Service		 Attach to Form 990 or Form 990-E2. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. 								Open te Inspe	o Publ ection	
Name of the organization	-							Employe	r identifica	tion number		
MY GIRLFRIEND'	S HOU	SE INC						27-48	32528	7		
Part I Reason fo	r Publ	ic Charity Statu	s (All organizations	must co	omplet	e this p	art.) S	ee inst	ruction	IS.		
The organization is not	a private	foundation because	it is: (For lines 1 through	11, chec	k only o	ne box.)						
1 A church, con	vention	of churches or associ	ation of churches describ	ed in se	ction 17	'0(b)(1)(A	\)(i) .					
2 A school desc	ribed in	ed in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3 A hospital or a	a cooper	rative hospital service organization described in section 170(b)(1)(A)(iii).										
4 A medical res		organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's te:										
170(b)(1)(A)(v). (Cor	mplete Part II.)	a college or university ow					tal unit d	escribed	in section		
		0 0	ernmental unit described		•		,					
in section 17	0(b)(1)(A	A)(vi). (Complete Par	,		govern	mental u	nit or fro	m the ge	eneral pu	Iblic describ	ed	
			0(b)(1)(A)(vi). (Complete	,								
from activities investment in June 30, 197	related come an 5. See se	to its exempt function d unrelated business ection 509(a)(2). (Co	,	ceptions, ction 511	and (2) tax) fror	no more n busine	than 33 sses aco	3-1/3% oʻ	f its supp	ort from are	SS	
	0	•	clusively to test for public									
more publicly	supporte	ed organizations desc	cclusively for the benefit o cribed in section 509(a)(1 on and complete lines 110) or secti	on 509(a	functions a)(2). See	s of, or c e sectio	arry out on 509(a)	the purp)(3). Che	oses of one ck the box	or hat	
a Type I	b	Type II	c Type III – Function	ally integ	rated	c	1 🗌 -	Type III -	– Non-fu	nctionally ir	itegrat	ed
e By checking t	nis box,	I certify that the organ	nization is not controlled of	directly of	indirec	tly by one	e or mor	e disqua	lified per	rsons		
other than fou section 509(a		managers and other	than one or more publicly	support	ed orgar	nizations	describ	ed in sec	ction 509	(a)(1) or		
•	,	eived a written detern	nination from the IRS that	t is a Tvn	e I Tvo	e II or Tv	ne III su	ipporting	organiza	ation		_
						• • • • • •				••••		. 🗋
g Since August	17, 2006	6, has the organizatio	n accepted any gift or co	ontributio	n from a	ny of the	followin	ng persor	ns?			
(i) A perso	n who di	rectly or indirectly co	ntrols, either alone or tog	ether with	n persor	ns descril	oed in (i	i) and (iii)	11 g (i)	Yes	No
,	0	0 7 1	ed in (i) above?							. 11 g (ii)		
			escribed in (i) or (ii) abov							· 11 g (iii)		
			supported organization(s							· · · · · · · · · · · · · · · · · · ·		1
(i) Name of support organization		(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) la organiza column (ij your go docur	ation in listed in	(v) Did yo the organi column (i) supp	zation in of your	(vi) Is organiza colum organize U.S	ation in nn (i) d in the	(vii) Amoun sup	t of mone port	ətary
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)												
(D)												
(E)												
Total												
BAA For Paperwork R	eductio	n Act Notice, see th	e Instructions for Form	990 or 9	90-EZ.		5	Schedule	A (Form	n 990 or 990)-EZ) 2	2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	[[[
begiı	ndar year (or fiscal year nning 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.')			88,669.	358,822.	239,924.	687,415.	
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	Total. Add lines 1 through 3			88,669.	358,822.	239,924.	687,415.	
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	Public support. Subtract line 5 from line 4						687,415.	
Sec	tion B. Total Support			r				
Cale begiı	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
7	Amounts from line 4			88,669.	358,822.	239,924.	687,415.	
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	Total support. Add lines 7 through 10						687,415.	
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12		
13	First five years. If the Form 990 is organization, check this box and s	s for the organization top here	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	► X	
Sec	tion C. Computation of Pu							
14	Public support percentage for 201	3 (line 6, column (f) divided by line 11	, column (f))		14	%	
15	Public support percentage from 20	12 Schedule A, Pa	art II, line 14			15	%	
16 a 33-1/3% support test – 2013. 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 stop here. The organization qualifies as a publicly supported organization								
b	33-1/3% support test – 2012. If t and stop here. The organization of							
17 a	10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and-	-circumstances' tes	st, check this box a	nd stop here. Exp	lain in Part IV how		
	10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	-circumstances' tes t. The organization	st, check this box a qualifies as a pub	nd stop here. Exp licly supported org	lain in Part IV how anization	rthe ▶	
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instruction	ons ►	

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.)

16 Public support percentage from 2012 Schedule A, Part III, line 15	Sect	tion A. Public Support							
and memory has been and mises to the second seco			(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total
received. (Dp ndt insude only unsub grints.)	1	Gifts, grants, contributions							
ary 'unusial grants',									
service performed, or facilities in the experiment of the intervention of the interven		any 'unusùal grants.')							
services performed, or facilities turnished in any activity that is the exercise performance twender that the factor of the fact	2								
functioned in any activity that is initial to be organizations in the organizations in the organizations in the organizations in the organizations is derived trade or business under section 513. Gross recipits from unrelated trade or business under section 513. Tax revenues level for the organizations is derived trade or business under section 513. Tax revenues level for the organizations is derived and organization without charge. Tex value of services or facilities (trade or busines). Tex value of services or facilities (trade or busines). Tex value of services or facilities (trade or busines). Tex value of services or facilities (trade or busines). Tex value of services or facilities (trade or busines). Tex value of services or facilities (trade or busines). Tex value of services or facilities (trade or busines). Tex value of services or facilities (trade or busines). A mounts included on lines 1. Tex value of services or facilities (trade or busines). A mounts included on lines 1. Tex value of facility the organization (trade or busines). A ded lines facilities (trade or busines). <l< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></l<>									
a Gross receipts from activities that are not an unrelated trade that are not an unrelated trade that an an unrelated trade that are not an unrelated trade that an an unrelated trade that are not an unrelated trade that an an unrelated trade that are not an unrelated trade that an an unrelated trade that are unrelated trade that an an unrelated trade that are unrelated trade that an an unrelated trade that are unrelated trade that an an unrela		furnished in any activity that is							
3 Gross receipts from activities that are not a unrelated methods and an an ender the section 513. Tax revenue level of the section 513. The value of services or facilities (through 5 To have the section 514. Tax revenue for methods and the section 514. Tax revenue for methods and the section 514. Amounts included on lines 1. Amounts included on lines 2. and 3 received from difference of the section of the sec									
that are not an unrelated trade or business under sectors 13.	3								
4 Tax revenues levide for the organization's benefit and either paid to or expended on the baland or expended or the baland or the baland or expended or the baland	5	that are not an unrelated trade							
organization's benefit and either paid to or expended on the behalf									
either paid to or expended on its behall its behall 5 The value of services or forwernmontal unit by the organization without charge its behall 6 Total. Add lines 1through 5 its behall 7 A mounts included on lines 1. its behall 2, and 3 received from disqualified persons hat exceed the greater of \$5,000 or 1% of the spear its behall 8 Public support (Subtract line 7 to from line 6) its behall 9 Amounts included on lines 1 2, and 3 received from other than disqualified persons hat exceed the greater of \$5,000 or 1% of the spear its behall 9 Add lines 7a and 7b its behall its behall 9 Amounts from line 6) its behall its behall 9 Add uses 7a and 7b its behall its behall 9 Amounts from line 6 its behall its behall 9 Amounts from line 6 its behall its behall 9 Amounts from line 6 its behall its behall 9 Amounts from line 6 its behall its behall 9 Amounts from line 6 its behall its behall 9 Amounts from line 6 its behall its behall 9 Amounts from lines 100, white shall succes its behall its behall	4								
is behalf									
facilities furnished by a governmental unit to the organization without charge image: constraint of the con	_	its behalf							
governmental unit to the organization without charge image: construction of the construction of t	5								
organization without charge		governmental unit to the							
7 a Amounts included on lines 1, 2, and 3 received from other than disqualified persons									
2, and 3 received from disqualified persons	6	Total. Add lines 1 through 5							
disqualified persons	7 a								
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater 015,000 or 1% of the amount on line 13 for the year									
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	h								
disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	D D								
1% of the amount on line 13 for the year.									
for the year									
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line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		is not more than 33-1/3%, check the	nis box and stop h	ere. The organiza	tion qualifies as a	publicly supported	organization		· · · · · · •
	b	33-1/3% support tests – 2012. If line 18 is not more than 33-1/3%.	the organization d check this box and	Id not check a boy stop here. The o	c on line 14 or line rganization qualifie	19a, and line 16 is as a publicly sup	more than 3 ported ordar	3-1/3%, nization	and ⊾
	20			•	•				

Schedule A (Form 990 or 990-EZ) 2013 MY GIRLFRIEND'S HOUSE INC	27-4825287 Page 4
Part IV Supplemental Information. Provide the explanations required by Part II, line 10 or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	; Part II, line 17a

Department of the Treasury Internal Revenue Service OMB No. 1545-0047

2013

►	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.

 Name of the organization
 Employer identification number

 MY_GIRLFRIEND'S_HOUSE_INC
 27-4825287

 Organization type (check one):
 Section:

 Filers of:
 Section:

 Form 990 or 990-EZ
 X 501(c)(3) (enter number) organization

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

 527 political organization

 Form 990-PF
 501(c)(3) exempt private foundation

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

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

X 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.)

501(c)(3) taxable private foundation

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, so this organization because it received nonexclusively religious, charitable, etc, but the section because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year section because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year section because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year section because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year section because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year section because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year section section section section section section section section sections and section secti

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) or 990-PF.

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

Name of organization

MY GIRLFRIEND'S HOUSE INC

Page 1 of Part 1 1 of Employer identification number 27-4825287

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	BED BATH & BEYOND 200 CLIFTON BLVD WESTMINSTER MD 21157	\$ <u>143,987.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	POTTERY BARN 2700 CLARENDON BLVD, R 100 ARLINGTON VA 22201	\$ <u>18,463</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3</u>	MACY'S FOUNDATION 2101 E KAMPER ROAD CINCINNATI OH 45241	\$7 <u>~000</u> .	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	VBP_OUTSOURCING 12138_CENTRAL_AVE # 242 MITCHELLVILLEMD_20721	\$25, <u>383</u> .	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	VERONICA EYENGA 10401 TOTTENHAM ROAD CHELTENHAM MD 20623	\$ <u>8,280</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B	(Form 99), 990-EZ,	or 990-PF)	(2013)
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Name of organization

BAA

MY GIRLFRIEND'S HOUSE INC

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>1</u>	DUSEHOLD_ITEMS		
		\$162,450.	12/31/13_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

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

27-4825287

1 to 1 of Part II Employer identification number

Page

OMB No 1545-0047 SCHEDULE D Supplemental Financial Statements ► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. (Form 990) 2013 **Open to Public** Department of the Treasury Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Name of the organization Employer identification number MY GIRLFRIEND'S HOUSE INC 27-4825287 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) . . . 3 Aggregate grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only 6 for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Yes No Part II **Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). 1 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the 2 last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2 a **b** Total acreage restricted by conservation easements 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2 d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year > Number of states where property subject to conservation easement is located > 4 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and g include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: ▶ \$ Ś If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following 2 amounts required to be reported under SFAS 116 (ASC 958) relating to these items: ► \$

Schedule D (Form 990) 2013

▶ \$

Schedule D (Form 990) 2013 MY G	IRLFRIEND	'S HOUSE	INC		27-4825	5287 P	Page 2
Part III Organizations Mainta	aining Colle	ections of A	Art, Historio	cal Treasures, or (Other Similar Ass	ets (continued	d)
3 Using the organization's acquisition items (check all that apply):	on, accession, a	and other reco	rds, check any	/ of the following that an	e a significant use of its	collection	
a Public exhibition		d	Loan or e	exchange programs			
b Scholarly research		е	Other				
c Preservation for future genera	ations						
 Provide a description of the organ Part XIII. 	ization's collec	tions and expla	ain how they fu	urther the organization's	exempt purpose in		
5 During the year, did the organizat	ion solicit or re	ceive donation	s of art, histori	ical treasures, or other s	similar assets		
to be sold to raise funds rather the Part IV Escrow and Custodia							No
Part IV Escrow and Custodia line 9, or reported an a	amount on F	orm 990, P	art X, line 2	1.		990, Fait IV,	
1 a Is the organization an agent, trust on Form 990, Part X?						Yes	No
b If 'Yes,' explain the arrangement i					L		
- · · · · · · · · · · · · · · · · · · ·				-		Amount	
c Beginning balance					1 c		
d Additions during the year					1 d		
e Distributions during the year					1 e		
f Ending balance							
2 a Did the organization include an ar						Yes	No
b If 'Yes,' explain the arrangement i							
			explantion nac				
Part V Endowment Funds.	Complete if	the organiza	ation answe	ered 'Yes' to Form 9	90 Part IV line 10)	
	(a) Current		(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years ba	ack
1 a Beginning of year balance	(u) ourion	Jour					
b Contributions						+	
						+	
c Net investment earnings, gains, and losses							
d Grants or scholarships						<u></u>	
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage		year end balar	nce (line 1g, co	olumn (a)) held as:			
a Board designated or quasi-endow			olo				
b Permanent endowment	00	i					
c Temporarily restricted endowmen		%					
The percentages in lines 2a, 2b, a	and 2c should e	equal 100%.					
3 a Are there endowment funds not in organization by:	the possessio	n of the organi	ization that are	e held and administered	for the	Yes	No
(i) unrelated organizations						. 3a(i)	
(ii) related organizations						. 3a(ii)	
b If 'Yes' to 3a(ii), are the related or	ganizations list	ed as required	on Schedule	R?		. 3b	
4 Describe in Part XIII the intended	-					·I	
Part VI Land, Buildings, and							
Complete if the organi			o Form 990	, Part IV, line 11a.	See Form 990, Pa	rt X, line 10.	
Description of property		(a) Cost or oth (investm	ner basis	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	е
1 a Land							
b Buildings							
c Leasehold improvements							
d Equipment					E 773	0.0	101
e Other			4,854.		5,773.	9,0)81.
Total. Add lines 1a through 1e. (Column			Part X column	(B) line 10(c))			101
BAA	i (u) musi equa	ai Fuill 990, P	art A, column	(<i>b)</i> , iiiie 10(<i>b</i>).) • • • •		ule D (Form 990) 2) <u>81.</u> 2013
					0011000		

Schedule D (Form 990) 2013 MY GIRLFRIEND'S HOUSE INC 27-4825287 Page 3 Part VII Investments – Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (b) Book value (a) Description of security or category (including name of security) (c) Method of valuation: Cost or end-of-year market value (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2)(3)(4)(5) (6)(7) (8) (9) (10)Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . ► Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3)(4)(5) (6) (7)(8) (9) (10)Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value

(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total (Column (b) must squal Form 000 Dart V solumn (D) line 25)	

Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) . . . ►

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

. .

Schedule D (Form 990) 2013 MY GIRLFRIEND'S HOUSE INC 27	-4825287	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	. 1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	. 2 e	
3 Subtract line 2e from line 1	. 3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	. 4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements.	. 1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	. 2 e	
3 Subtract line 2e from line 1	. 3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b Other (Describe in Part XIII.)	_	
c Add lines 4a and 4b	. 4 c	
5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	. 5	
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	nal information	

Schedule **D** (Form 990) 2013

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BAA

27-4825287

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

▶ (Complete if the organizations	answered 'Yes'	on Form 990,	Part IV, lines 29 o	r 30.
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► Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

MY GIRLERIEND'S HOUSE INC

Employer identification number
27-4825287

					TINC	
Par	't I	Types of	Pro	perty		

	i	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art – Works of art				
2	Art – Historical treasures				
3	Art – Fractional interests				
4	Books and publications				
5	Clothing and household goods	Х		162,450.	
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, or trust interests.				
12	Securities – Miscellaneous				
13	Qualified conservation contribution – Historic structures				
14	Qualified conservation 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 organization completed Form 8283, Part IV, Donee A	during the ta Acknowledge	ax year for contributions	for which the	29
					Yes No
30a	During the year, did the organization receive by cont hold for at least three years from the date of the initia	al contribution	n, and which is not requi	ired to be used for exemp	ot la
	purposes for the entire holding period?				· · · · · 30a X
	If 'Yes,' describe the arrangement in Part II.	d	1	to a density of the first of the other	
31	Does the organization have a gift acceptance policy	that requires	the review of any non-s	tandard contributions?	· · · · · · 31 X
	Does the organization hire or use third parties or relation noncash contributions?				· · · · · 32a X
	If 'Yes,' describe in Part II.				
33	If the organization did not report an amount in colum describe in Part II.	n (c) for a typ	be of property for which	column (a) is checked,	
BAA	For Paperwork Reduction Act Notice, see the Inst	tructions for	r Form 990.		Schedule M (Form 990) 2013

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

27-4825287

OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O (Form 990 or 990-EZ) Complete to provide information for responses to specific questions on 2013 Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Open to Public Inspection ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is Department of the Treasury Internal Revenue Service at www.irs.gov/form990. Name of the organization Employer identification number 27-4825287 MY GIRLFRIEND'S HOUSE INC MEMBERS OF STOCKHOLDERS CLASSES AND RIGHTS Pt VI, Line 6 Members have equal voting rights to elect Officers & Directors Pt VI, Line 6 Pt VI, Line 7a ____MEMBER_ELECTION_FOR_ADDITIONAL MEMBERS Pt VI, Line 7a By vote of Officers and Directors Pt VI, Line 11b FORM 990 GOVERNING BODY REVIEW Pt VI, Line 11b A copy of this 990 was provided to all officers and Directors prior to filing this form Pt VI, Line 11b Officers and Directors are required to review and comment Pt_VI, Line 11b _ on any item relative to the Form 990 before it is filed. Pt VI, Line 12c _ CONFLICT of INTEREST POILICY COMPLIANCE Pt VI, Line 12c Any non compliance is cause for removal Pt_VI, Line 19 ___ GOVERNING DOCUMENTS_ETC_AVAILABLE TO PUBLIC Pt VI, Line 19 The Organization's govening documents, conflict of Interest Pt VI, Line 19 Policy and Financial Statements are available to Public. Pt VI, Line 19 These documents are available at the organization's ____ Pt VI, Line 19 office and will be provided upon receipt of a written request.

Form 4562	
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Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

201	3
Attachment	470

	(11)	cluding informatio		operty)			2010
Department of the Treasury Internal Revenue Service (99)	► See :	separate instructions.	Attach to yo	ur tax return.			Attachment Sequence No. 179
ame(s) shown on return		•	-				ying number
MY GIRLFRIEND'S HOU	JSE INC					27-	4825287
usiness or activity to which this form relat	es						
<u> </u>							
		Property Under Se					
		complete Part V before yo					
1 Maximum amount (see ins	,					1	
2 Total cost of section 179 p						2	
3 Threshold cost of section	1 1 3	(,				
4 Reduction in limitation. Su		,				4	
5 Dollar limitation for tax yea separately, see instruction						5	
	a) Description of property		(b)Cost (business		(c) Elected cost		
<u> </u>					(-)		
7 Listed property. Enter the	amount from line 29)		. 7			
8 Total elected cost of section						8	
9 Tentative deduction. Ente	the smaller of line	5 or line 8				9	
0 Carryover of disallowed de						10	
1 Business income limitation		,	,	,	,	11	
2 Section 179 expense ded						12	
3 Carryover of disallowed do ote: Do not use Part II or Part				▶ 13			
art II Special Depre	clation Allowar	nce and Other Dep	reclation (Do no	ot include liste	d property.) (See inst	ructions.)
4 Special depreciation allow	ance for qualified pr	roperty (other than listed	property) placed in	service durin	g the		
tax year (see instructions)						14	
5 Property subject to section	.,.,					15	
6 Other depreciation (includ						16	
Part III MACRS Depre	Clation (Do not i	include listed property.) (
		Secti	-				
I7 MACRS deductions for as	sets placed in service	ce in tax years beginning	before 2013			17	3,7
18 If you are electing to group	o any assets placed	in service during the tax	year into one or me	ore general	LΠ		
asset accounts, check hei		in Service During 2013				Sustam	
(a)	(b) Month and	(C) Basis for depreciation	(d)	(e)	(f)	System	(g) Depreciation
(a) Classification of property	year placed in service	(business/investment use only — see instructions)	Recovery period	Convention	Method		deduction
9 a 3-year property							
b 5-year property							
c 7-year property							
d 10-year property							
e 15-year property							
f 20-year property	-						
g 25-year property	-		25 yrs		S/L		
h Residential rental			27.5 yrs	MM	S/L		
property			27.5 yrs	MM	S/L		
i Nonresidential real			39 yrs	MM	S/L		
property				MM	S/L		
		n Service During 2013	Fax Year Using the			n Syster	m
0 a Class life		<u> </u>			S/L	<u> </u>	
b 12-year			12 yrs		S/L		
c 40-year.			40 yrs	MM	S/L		
Part IV Summary (See	•					I	
21 Listed property. Enter amo						21	
 22 Total. Add amounts from line 1: the appropriate lines of your ret 				and on			
the appropriate lines of your ret	Jrn. Partnerships and S	corporations — see instruction	IS <u>.</u>		1	22	3,7

For assets shown above and placed in service during the current year, enter

BAA For Paperwork Reduction Act Notice, see separate instructions.

the portion of the basis attributable to section 263A costs

23

23 .

FDIZ0812 06/10/13

	n 4562 (2013)	MY GIRLFR											82528	7	Page 2
Pa		Property (Inc n, or amusemen		es, certa	in other	vehicles,	certain	compu	iters, and	property	used fo	or enterta	inment,		
	Note: Fo	or any vehicle for (a) through (c) c	r which you are	using the	e standa on B. and	rd mileag	ge rate o C if an	or dedu plicable	icting leas	e expen	se, com	plete on l	ly 24a, 2	24b,	
		n A – Depreciat								nits for p	assenge	er autom	obiles.)		
4 ;	a Do you have eviden	ice to support the bu	usiness/investment	use claim	ed?	[Yes	N	o 24b lf	'Yes,' is th	ie evidenc	e written?		Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment	(d Cost other b	or	(busine	(e) or deprecia ess/investn		(f) Recovery period	M	(g) ethod/ nvention	Depr	(h) reciation duction	sec	(i) lected tion 179
5	Special deprecia	l ation allowance t	percentage	ed prope	rtv place		use only) vice duri	na the '	tax vear a	nd					cost
<u></u>	used more than	50% in a qualifi	ed business use	e (see ins	struction			0			25				
6	Property used m	nore than 50% ir	n a qualified bus	siness us	e:										
7	Property used 5	0% or less in a c	qualified busine	ss use:		•									
														_	
														_	
8	Add amounts in	oolumn (h) line		Entert	oro or d	 	1	1		I	28				
9	Add amounts in Add amounts in	(),	0				10				-		. 29)	
-				Section										I	
m	plete this section	for vehicles use	d by a sole pro	prietor, p	artner, o	r other 'n	nore tha	in 5% d	owner,' or	related p	person. I	lf you pro	vided v	ehicles	
yc	our employees, first	st answer the qu	lestions in Sect	ion C to s	see if you	u meet a	n excep	tion to	completin	ig this se	ection for	r those v	ehicles.	T	
)	Total business/in during the year	(do not include		(a Vehi		(b) Vehic		Ve	(c) hicle 3		(d) (e) Vehicle 4 Vehic				
I	commuting mile Total commuting mi	,													
2	Total other pers	onal (noncommu	uting)												
3	Total miles drive														
	lines 30 through	32		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
4	Was the vehicle during off-duty h	available for pe	rsonal use												
5	Was the vehicle than 5% owner	or related persor	oy a more n?												
6	Is another vehic personal use?	le available for													
	·	Section (C – Questions	for Emp	loyers \	Who Pro	vide Ve	hicles	for Use	by Their	Employ	yees		1	
	wer these question owners or related			exceptior	to com	pleting S	ection E	for ve	hicles use	ed by em	ployees	who are	not mo	re than	
	Dwners of related	persons (see in:	structions).											Vaa	No
7	Do you maintain by your employe	es?												Yes	No
3	Do you maintain employees? See	a written policy the instructions	statement that s for vehicles us	prohibits sed by co	persona rporate (al use of officers, of	vehicles directors	, excer s, or 1%	ot commu 6 or more	ting, by y owners	/our 				
9	Do you treat all u		, , ,	•											
)	Do you provide r vehicles, and ref														
1	Do you meet the Note: <i>If your an</i>	e requirements c swer to 37, 38, 3	oncerning quali 39, 40, or 41 is ⁴	ified auto 'Yes, <i>' d</i> o	mobile d not com	lemonstr plete Sed	ation us ction B f	e? (Se or the o	e instructi covered v	ons.) . e <i>hicles.</i>					
a	rt VI Amorti	zation				-			1		-		1		
	Des	(a) cription of costs		Date an	(b) nortization egins		(C) Amortizab amount	le	C	(d) (e) Code Amortization section period or			(f) Amortization for this year		
2	Amortization of	costs that begins	s during vour 20	013 tax v	ear (see	instruction	ons):		I		l her	rcentage	1		
-			3,)	(320		- /								
3	Amortization of	costs that bega	n before your 2	013 tax y	ear							43			
4	Total. Add amo	ounts in column ((f). See the inst	ructions f		e to repo						44			0.004.0)

Form 8879-EO								
Department of the Treasury Internal Revenue Service	For calendar year 2013, or fiscal year beginning, 2013, and ending, Do not send to the IRS. Keep for your records. ► Do not send to the IRS. Keep for your records. ► Information about Form 8879-EO and its instructions is at www.irs.gov/formation about Form 8879-EO and its instructions is at www.irs.gov/formation about Form 8879-EO and its instructions is at www.irs.gov/formation about Form 8879-EO and its instructions is at www.irs.gov/formation about Form 8879-EO and its instructions is at www.irs.gov/formation about Form 8879-EO and its instructions is at www.irs.gov/formation about Form 8879-EO and its instructions is at www.irs.gov/formation about Form 8879-EO and its instructions is at www.irs.gov/formation about Form 8879-EO and its instructions is at www.irs.gov/formation about Form 8879-EO and its instructions is at www.irs.gov/formation about Form 8879-EO and its instructions is at www.irs.gov/formation about Form 8879-EO and its instructions is at www.irs.gov/formation about Form 8879-EO and its instructions is at www.irs.gov/formation about Form 8879-EO and its instructions is at www.irs.gov/formation about Form 8879-EO and its instructions is at www.irs.gov/formation about Form 8879-EO and its instructions is at www.irs.gov/formation about Form 8879-EO and		2013					
Name of exempt organization		Employer id	dentification number					
MY GIRLFRIEND'S H	HOUSE INC	27-482	25287					
Name and title of officer								
VERONICA EYENGA	PRESIDENT rn and Return Information (Whole Dollars Only)							
Check the box for the return check the box on line 1a , 2a leave line 1b , 2b , 3b , 4b , or	for which you are using this Form 8879-EO and enter the applicable amount, if any, from 3a , 4a , or 5a , below, and the amount on that line for the return being filed with this for 5b , whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return b not complete more than 1 line in Part I.	rm was bla	ank, thén					
1 a Form 990 check here	· · ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) · · ·		1b 239,924.					
2 a Form 990-EZ check h								
3 a Form 1120-POL checl			3 b					
4 a Form 990-PF check here			4 b					
5 a Form 8868 check here	e · · · ▶ D Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) · · · · ·		5 b					
Part II Declaration a	nd Signature Authorization of Officer							
the IRS (a) an acknowledge refund, and (c) the date of a funds withdrawal (direct deb organization's federal taxes contact the U.S. Treasury Fi authorize the financial institu answer inquiries and resolve	r, transmitter, or electronic return originator (ERO) to send the organization's return to ment of receipt or reason for rejection of the transmission, (b) the reason for any delay ny refund. If applicable, I authorize the U.S. Treasury and its designated Financial Age it) entry to the financial institution account indicated in the tax preparation software for owed on this return, and the financial institution to debit the entry to this account. To re nancial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (s titons involved in the processing of the electronic payment of taxes to receive confident e issues related to the payment. I have selected a personal identification number (PIN) irn and, if applicable, the organization's consent to electronic funds withdrawal.	v in proces ent to initia payment o evoke a pa settlement itial inform	ssing the return or te an electronic of the ayment, I must) date. I also nation necessary to					
Officer's PIN: check one b	ox only							
X I authorize ARUN W		2528						
	do	nter five num o not enter al	II zeros					
on the organization's tax a state agency(ies) regu the return's disclosure c	year 2013 electronically filed return. If I have indicated within this return that a copy of lating charities as part of the IRS Fed/State program, I also authorize the aforemention onsent screen.	f the return red ERO t	n is being filed with to enter my PIN on					
indicated within this retu	nization, I will enter my PIN as my signature on the organization's tax year 2013 electron rn that a copy of the return is being filed with a state agency(ies) regulating charities as PIN on the return's disclosure consent screen.							
Officer's signature	Date ► 06/24/2014	1						
Part III Certification								
	six-digit electronic filing identification							
number (EFIN) followed by y	our five-digit self-selected PIN		52861821224 do not enter all zeros					
I certify that the above nume above. I confirm that I am su Authorized IRS <i>e-file</i> Provid	ric entry is my PIN, which is my signature on the 2013 electronically filed return for the bmitting this return in accordance with the requirements of Pub 4163 , Modernized e-F ers for Business Returns.	organizat ile (MeF)	tion indicated Information for					
ERO's signature	Date ►							
	ERO Must Retain This Form – See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So							

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2013)

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission: THE ORGANIZATION WILL WORK WITH "AT RISK' GIRLS WHO NEED MENTORING AND GUIDANCE.