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

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

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization  
**NITCHEN, INC.**

Employer identification number  
**13-3753963**

**1. Part III, Statement of Program Service Accomplishments**

a. N/A

b. N/A

c. There are no other program services.

**2. Part V, Statements regarding Other IRS Filings and Tax Compliance**

a. There is no unrelated business income at all.

b. Nitchen is not licensed to issue qualified health plans in more than one state.

c. N/A

**3. Part VI, Governance, Management, and Disclosure**

a. There are no material differences in voting rights.

b. N/A

c. N/A

d. N/A

e. N/A

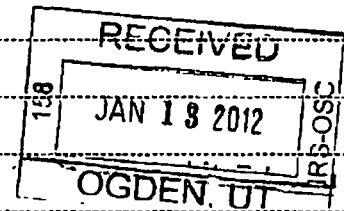
f. N/A

g. N/A

h. N/A

i. Form 990 is available upon request.

j. Available upon request.



**4. Part VII, Compensation of Officers, Directors, Trustees, Key Employees, and Independent Contractors**

a. N/A

b. N/A

**5. Explanation for Part IX, Statement of Functional Expenses**

N/A

**6. Part XI, Reconciliation of Net Assets**

N/A

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) (2010)

04B 001

Name of the organization  
NITCHEN, INC.

Employer identification number  
13-3753963

7. Part XII, Financial Statements and Reporting

a. The cash accounting method is used.

b. N/A

c. N/A

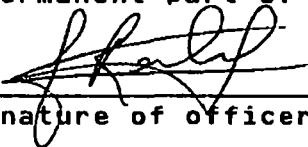
NITCHEN INC  
550 W 155TH ST  
NEW YORK NY 10032



DECLARATION

021088

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

  
\_\_\_\_\_  
Signature of officer or trustee

12/7/11  
\_\_\_\_\_  
Date

TREASURER  
\_\_\_\_\_  
Title