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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c)(3), 527, or 4947(a)(1) of the Internal Revenue Code
except black lung benefit trust or private foundation

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A For the 2012 calendar year, or tax year beginning _____, and ending _____															
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization HELP FOR UNDERSERVED COMMUNITIES, INC.</td> <td>D Employer identification number 46-0815062</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box, if mail is not delivered to street address) Room/suite</td> <td>E Telephone number 301-379-2342</td> </tr> <tr> <td colspan="2">P.O. BOX 6822</td> <td rowspan="2">F Group Exemption Number ▶</td> </tr> <tr> <td>City or town</td> <td>state or country ZIP 4</td> </tr> <tr> <td colspan="2">ELLICOTT CITY MD 21042</td> <td></td> </tr> </table>	C Name of organization HELP FOR UNDERSERVED COMMUNITIES, INC.		D Employer identification number 46-0815062	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number 301-379-2342	P.O. BOX 6822		F Group Exemption Number ▶	City or town	state or country ZIP 4	ELLICOTT CITY MD 21042		
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P.O. BOX 6822		F Group Exemption Number ▶													
City or town	state or country ZIP 4														
ELLICOTT CITY MD 21042															
G Accounting Method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ _____															
I Website: ▶ www.myhuc.org															
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)															
Tax-exempt status (check only one) <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527															

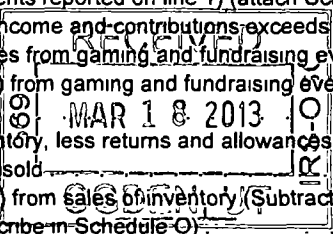
Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 2,199

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

	1 Contributions, gifts, grants, and similar amounts received	1	2,199
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than 15,000)	6a	
	b Gross income from fundraising events (not including _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds 15,000)	6b	
	c Less direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	2,199
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	100
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	875
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	320
	16 Other expenses (describe in Schedule O)	16	904
	17 Total expenses. Add lines 10 through 16	17	2,199
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	0
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	0

SCANNED MAR 28 2013 Revenue



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

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

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

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

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

What is the organization's primary exempt purpose Helping Underserve communities, books, wells and education
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28 SCHOLARSHIP		
(Grants 100) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28a	100
29		
(Grants) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	100

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

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

a Name and title	b Average hours per week devoted to position	c Reportable compensation (Forms W-2 1099-MISC) if not paid, enter -0-	(d) Health benefits contributions to employee benefit plans, and deferred compensation	e Estimated amount of other compensation
Zawadi Sa apalla-Ukondwa President and CEO	Hr W 35.00	0		
Msia Clark Secretary	Hr W 15.00	0		
William Wood Board member	Hr W 15.00	0		
Farajah Ukondwa Treasurer	Hr W 15.00	0		
	Hr W			
	Hr W			
	Hr W			
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	Hr W			
	Hr W			
	Hr W			
	Hr W			

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

33 Did the organization engage in any significant activity not previously reported to the IRS... 34 Were any significant changes made to the organizing or governing documents... 35 a Did the organization have unrelated business gross income of 1,000 or more... 35 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?... 35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization... 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets... 37 a Enter amount of political expenditures... 37 b Did the organization file Form 1120-POL for this year... 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee... 38 b If Yes, complete Schedule L, Part II and enter the total amount involved... 39 Section 501(c)(7) organizations Enter... 39 a Initiation fees and capital contributions included on line 9... 39 b Gross receipts, included on line 9, for public use of club facilities... 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under... 40 b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction... 40 c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons... 40 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization... 40 e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction... 41 List the states with which a copy of this return is filed. MD 42 a The organization's books are in care of ZAWADI SAKAPALLA- UKONDWA Telephone no. 301-379-2342 Located at 4783 Leyden Way City ELLICOT CITY ST MD ZIP 4 21042 42 b 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... 42 c At any time during the calendar year, did the organization maintain an office outside the U S... 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 44 a Did the organization maintain any donor advised funds during the year... 44 b Did the organization operate one or more hospital facilities during the year... 44 c Did the organization receive any payments for indoor tanning services during the year... 44 d If Yes to line 44c, has the organization filed a Form 720 to report these payments... 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)... 45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)...

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

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

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E 48 X

49 a Did the organization make any transfers to an exempt non-charitable related organization? 49a X

b If Yes, was the related organization a section 527 organization? 49b

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

a Name and title of each employee paid more than 100,000	b Average hours per week devoted to position	c Reportable compensation (Forms W-2 1099-MISC)	d Health benefits, contributions to employee benefit plans, and deferred compensation	e Estimated amount of other compensation
Name None				
Title	Hr W 00			
Name				
Title	Hr W 00			
Name				
Title	Hr W 00			
Name				
Title	Hr W 00			
Name				
Title	Hr W 00			

Total number of other employees paid over 100,000 ▶

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

a Name and address of each independent contractor paid more than 100,000	b Type of service	c Compensation
Name None		
City		
Name		
City		
Name		
City		
Name		
City		
Name		
City		

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

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

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

Sign Here 03/12/2013
 Signature of officer Zawadi Sakapalla-Ukondwa Date
 Type or print name and title ZAWADI SAKAPALLA-UKONDWA PRESIDENT & CEO

Paid Preparer Use Only
 Print preparer's name: Iddi Sandaly, CPA
 Preparer's signature: Iddi Sandaly, CPA
 Date: 3/11/2013
 Check if self-employed
 PTIN: P01068876
 Firm's name: Seruwage Tax and Accounting
 Firm's address: 6219 Springhill Court # 302, Greenbelt, MD 20770
 Firm's EIN:
 Phone no: 301-613-5165

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

Public Charity Status and Public Support

2012

Open to Public Inspection

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-E . ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

HELP FOR UNDERSERVED COMMUNITIES, INC.

Employer identification number

46-0815062

Part I Reason or Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(i). (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(i). (Complete Part II)
- 8 A community trust described in section 170(b)(1)(A)(i). (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions), and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly-supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III Functionally integrated d Type III Non-functionally integrated

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons:

- i A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization.
- ii A family member of a person described in (i) above.
- iii A 35% controlled entity of a person described in (i) or (ii) above.

	Yes	No
11g i		X
11g ii		X
11g iii		X

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

i Name of supported organization	ii EIN	iii Type of organization (described on lines 1-9 above or IRC section see instructions)	iv Is the organization in col i listed in your governing document		v Did you notify the organization in col i of your support		vi Is the organization in col i organized in the U.S.		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
A									
B									
C									
D									
E									
Total									0

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

Section A. Public Support

Calendar year or fiscal year beginning in	a 2008	b 2009	c 2010	d 2011	e 2012	Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0
4 Total. Add lines 1 through 3.	0	0	0	0	0	0
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.						0

Section B. Total Support

Calendar year or fiscal year beginning in	a 2008	b 2009	c 2010	d 2011	e 2012	Total
7 Amounts from line 4.	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.					0	0
9 Net income from unrelated business activities, whether or not the business is regularly carried on.					0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					0	0
11 Total support. Add lines 7 through 10.						0
12 Gross receipts from related activities, etc. (see instructions)						12
13 First three years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)).	14	0.00
15 Public support percentage from 2011 Schedule A, Part II, line 14.	15	0.00
16a 33 1 3 support test 2012. If the organization did not check the box on line 13, and line 14 is 33 1 3 or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 33 1 3 support test 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1 3 or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
17a 10 - acts-and-circumstances test 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10 or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part IV how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10 - acts-and-circumstances test 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10 or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part IV how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Pri ate oundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. <input type="checkbox"/>		

Part III Support Schedule or Organizations Described in Section 509 a 2

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

Section A. Public Support

Calendar year or fiscal year beginning in	a 2008	b 2009	c 2010	d 2011	e 2012	Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0
6 Total. Add lines 1 through 5.	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 5,000 or 1% of the amount on line 13 for the year.						0
c Add lines 7a and 7b.	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year or fiscal year beginning in	a 2008	b 2009	c 2010	d 2011	e 2012	Total
9 Amounts from line 6.	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	0.00
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	0.00

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0.00
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	0.00

19a 3313 support tests 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 3313 support tests 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

SCHEDULE O
Form 990 or 990-E

Supplemental Information to Form 990 or 990-E

OMB No 1545-0047

2012

**Open to Public
Inspection**

Complete to provide information or responses to specific questions on
Form 990 or 990-E or to provide any additional information.
▶ Attach to Form 990 or 990-E .

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

HELP FOR UNDERSERVED COMMUNITIES, INC

46-0815062

Form 990-EZ, Part I, Line 10, Grants Paid Activity Scholarship, Grantee Tan ania DSM DSM

TZ None Tan ania, Cash Grant. 100, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Telephone 35

Form 990-EZ, Part I, Line 16, Other Expenses IRS Tax exemption fees 850

Form 990-EZ, Part I, Line 16, Other Expenses P O BOX 19

Name of the organization

HELP FOR UNDERSERVED COMMUNITIES, INC.

Employer identification number

46-0815062

Area with horizontal dashed lines for supplemental information.