

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2010, or fiscal year beginning 2010 and ending 20

2010

Department of the Treasury Internal Revenue Service

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

Name of exempt organization

Employer identification number

BIAS HELP, INC.

11-3387522

Name and title of officer

JOHN HAIGNEY M DIV EXECUTIVE MANAGING DIRECTOR

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

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

Table with 5 rows (1a-5a) and 5 columns (Form check, Total revenue, Total tax, Tax based on investment income, Balance Due) and corresponding amounts (1b-5b). 1a is checked with amount 341835.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize RSM MCGLADREY, INC. to enter my PIN 11338. Enter five numbers, but do not enter all zeros.

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I will enter my PIN on the return's disclosure consent screen.

Officer's signature: [Signature] Date: 1/27

Part III Certification and Authentication

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

13258903610 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature: _____ Date: _____

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

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
BIAS HELP, INC.
 Doing Business As **BIAS HELP OF L.I.**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
60 ADAMS AVENUE
 City or town, state or country, and ZIP + 4
HAUPPAUGE, NY 11788-3604
F Name and address of principal officer: GAIL BAROUH, PHD
SAME AS C ABOVE

D Employer identification number
11-3387522

E Telephone number
631-479-6015

G Gross receipts \$ **341,835.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.BIASHELP.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1997** **M State of legal domicile:** **NY**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **TO PREVENT, MONITOR & LESSEN THE EFFECTS OF BIAS CRIMES, HATE-RELATED HARASSMENT & DISCRIMINATION**

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	11
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	9
6 Total number of volunteers (estimate if necessary)	6	11
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	566,415.	305,427.
9 Program service revenue (Part VIII, line 2g)	0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	158.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,977.	36,250.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	568,392.	341,835.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	268,335.	150,561.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	160,275.	66,707.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	428,610.	217,268.
19 Revenue less expenses. Subtract line 18 from line 12	139,782.	124,567.

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	486,132.	606,329.
21 Total liabilities (Part X, line 26)	25,753.	21,383.
22 Net assets or fund balances. Subtract line 21 from line 20	460,379.	584,946.

Part II Signature Block

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

Sign Here
 Signature of officer: **JOHN HAIGNEY, M. DIV., EXECUTIVE MANAGING DIRECTOR**
 Date: _____
 Type of name and title

Paid
 Print/Type preparer's name: **MARTIN GREIF**
 Preparer's signature: _____
 Date: _____
 Check if self-employed PTIN: _____

Preparer
 Firm's name: **RSM MCGLADREY, INC.**
 Firm's EIN: _____

Use Only
 Firm's address: **1185 AVENUE OF THE AMERICAS**
NEW YORK, NY 10036-2602
 Phone no. **212-372-1000**

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

