Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency
specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and
uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat
6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.
PUBLIC DISCLOSURE COPY

** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

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)

OMB No. 1545-0047 Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection A For the 2011 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number Address change The Breast Cancer Charities of America Name change 26-4602950 Doing Business As Ilnitial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number return Termin-PO Box 132962 (281)296-5755Amended return 15,191,449. City or town, state or country, and ZIP + 4 **G** Gross receipts \$ Applica-The Woodlands, TX H(a) Is this a group return pending F Name and address of principal officer: Erica Harvey Yes X No for affiliates? same as C above H(b) Are all affiliates included? Yes I Tax-exempt status: ■ 501(c)(3) ■ 501(c) ((insert no.) 4947(a)(1) or 527 If "No." attach a list. (see instructions) J Website: ▶ www.thebreastcancercharities.org **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association L Year of formation: 2009 M State of legal domicile: TX Part I Summary Briefly describe the organization's mission or most significant activities: The Breast Cancer Charities of **Activities & Governance** America (BCCA) exists to eliminate breast cancer as a 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 2 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a Ō. **b** Net unrelated business taxable income from Form 990-T, line 34. **Prior Year Current Year** 8,654,452. 15,097,375. Contributions and grants (Part VIII, line 1h) Revenue Ō. 0. Program service revenue (Part VIII, line 2g) 841. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -18,167. -103,176.Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 14,994,576. 8,637,126. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,398,101. 8,887,262. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. Benefits paid to or for members (Part IX, column (A), line 4) 0. 14 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. <u>0.</u> **b** Total fundraising expenses (Part IX, column (D), line 25) 5,952,617. 4,161,539. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 14,839,879. 8,559,640. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 77,486. 154,697. Revenue less expenses. Subtract line 18 from line 12 Ssets or Balances Beginning of Current Year End of Year 415.716. 677,415. 20 Total assets (Part X, line 16) 265,317 372,319. 21 Total liabilities (Part X. line 26) Net 305,096. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Erica Harvey, Executive Director Type or print name and title

Sign Here Date PTIN Print/Type preparer's name Preparer's signature Cynthia J. Williams 06/25/12 P01222818 Paid self-employed Firm's name James E. Raftery, 86-0503405 Preparer Firm's EIN Firm's address 506 N. Stapley Drive Use Only Mesa, AZ 85203 Phone no. 480-835-1040 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	The Breast Cancer Charities of America (BCCA) exists to eliminate
	breast cancer as a life-threatening illness. We bring together
	organizations representing all health and social service disciplines
	in the commitment to establish new and unprecedented levels of
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
_	others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 8,933,375 · including grants of \$ 8,844,642 ·) (Revenue \$)
	International Aid: The Organization was able to provide medical goods
	and supplies to be used to assist and care for patients in Zambia,
	Ghana, and Honduras who are fighting with cancer.
4b	(Code:) (Expenses \$ 2,796,003 • including grants of \$) (Revenue \$
	Education: One of the primary goals of BCCA is to teach "integrated
	cancer care". We provide accurate, up-to-date information on
	mobilizing the "whole person" in cancer prevention and recovery. We
	are pioneers in educating the public about breast cancer prevention,
	early detection, treatment, survival and quality of life.
4c	(Code:) (Expenses \$ 42,620 • including grants of \$ 42,620 •) (Revenue \$
	Help Now Fund: Assists women going through breast cancer by paying
	their rent and utility bills on a quarterly basis. Applications are
	submitted through a hospital nurse or social worker associated with any
	hospital nationwide.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 11,771,998.
	Form 990 (2011)

Part IV | Checklist of Required Schedules

1 Is the organization described in section 501(c)(5) or 4947(a)(1) (other than a private foundation)? 1				Yes	No
2 Is the organization required to complete Schedule 8, Schedule of Contributors 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offices? "Yes," complete Schedule C, Part I 4 Section 501(c)(3) organizations. Did the organization engage in leoking activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization asection 501(c)(4) 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment in the environment, instanction and the environment, instanction or investment or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment in the environment, instanction and the provided advice of the companization or investment or accounts for the securities of the companization funds or through a related organization funds assess in the majoration report an amount for investments. The securities in Part X, line 12 that is 5% or more of its total asses	1				
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 II			1		
Section SOI(N) (3) reginatizations. Diff 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	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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 II Is the organization a section 501(e)(4), 501(c)(6), 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 II Is II	3				
during the tax year / If "Yes," complete Schedule C, Part II X S 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? // "Yes," complete Schedule C, Part III S X X S S X S S S X S S			3		X
5 Is the organization a section 601(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.197 if "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization realized 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 III 8 Did the organization discribed or historic structures? If "Yes," complete Schedule D, Part III 9 Did the organization discribed or the part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assests in temporarily restricted endowments, or quasi-indowments? If "Yes," complete Schedule D, Part VI 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII 13 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII 14 Did the organization report an amount for other liabilities 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 X III 15 Did the organization or short an amount for other liabilities in Part X, line 29? If "Yes," complete Schedule D, Part X 16 Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X	4				
similar amounts as defined in Revenue Procedure 98 197 If "Yes," complete Schedule C, Part III 5		during the tax year? If "Yes," complete Schedule C, Part II	4		X
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 II Did the organization receive or hold a consensation essensine, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II The provide and programs and an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide acredit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV The organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV The organization answer to any of the following questions is "Yes," then complete Schedule D, Part IV The organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV The Organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part IV The Organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part IV 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 IV 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 IV The Organization separate or consolidated financial statements for the tax year? 11	5				
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 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 "S"		similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
The different protection of the organization receive or hold a conservation easement, including easements to preserve open space, the environment, listoric land areas, or historic structures? If "Yes," complete Schedule D, Part III 3 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 3 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV 4 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 5 Did the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IV, or X as applicable. 6 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 6 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 6 Did the organization report an amount for other assets 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 VI 6 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 VI 7 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 X 8 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 X 11 Did the organization organization organization oxel and investments in the tax year? If	6	· · · · · · · · · · · · · · · · · · ·			
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt regolitation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization senser to any of the following questions is "Yes," then complete Schedule D, Part VI 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	7				
Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 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 VII Did the organization oreport an amount for other lassities 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 XII Did the organization's separate or consolidated financial statements for the tax year include a tootnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X III Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12s, then completing Schedule D, Part X III, and XIII Did the organization included in consolidated, independent audited financial states? Did the organization included in consolidated, independent audited financial states? Did the organization report on Part IX, column (A), line 3, more than \$5,000 of			7		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, electify or through a related organization, hold assests in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as a spiblicable. 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	8				
credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, programs and the provided organization and the provided organization and provided organization applicable. 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VX, or X as applicable. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 13 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 VII 14 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 VII 15 Did the organization report an amount for other labilities 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 X VIII 16 Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X VIIII 17 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X VIIII X VI			8		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, III, X, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 11b X 11b VX 11b VX 11b VX 11b VX 11c	9				
endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other labilities 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 VIII 11c X d Did the organization seport an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X f Did the organization in cort an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X			9		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 2 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 2 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 3 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 XIII 4 Did the organization report an amount for other isabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 5 Did the organization's separate or consolidated financial statements for the tax year include a footen that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII is optional is the organization and included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII is optional is the organization and included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII is optional is the organization and included in consolidated in section 170(b)(1)(A)(ii))? If "Yes," complete Schedule E, Parts XI and IV 1 Did the organization and interior in a part XI, iiii and XII is optional in a part XI iii and XIII is a part XI iii and XIII is a part XI iii and XIII iii and XII	10				
as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			10		X
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII d 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 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11c X 11d X 11d X 11d X 11d X 11d X 11d X 11e Did the organization included in consolidated financial statements for the tax year include a footnote that addresses the organization in separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III III X 12b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III III X 12b III Steep organization answered "No" to line 12a, then completing Schedule D, Parts X, XII, and XIII is optional 13c III Steep organization maintain an office, employees, or agents outside of the United States? 14a Did the organization maintain an office, employees, or agents outside of the United States? 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A	11				
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII e Did the organization report an amount for other liabilities 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 X 11d		• •			
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IXI f Did the organization report an amount for other inabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, IXI, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, IXI, and XIII is optional 12b X 13 Is the organization aschool described in section 170(b)(1)(4)(ii)? If "Yes," complete Schedule E, Parts X, IXI, and XIII is optional 12b X 13c Y 14d 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 II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report more than \$15,000 of expenses for professional fundraising	а				
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization's separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 110 b Was the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III X 121 b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional III X 122 b Was the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 133			11a		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 116 Z Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III III X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII III III III III III III III III I	b				3,7
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 111			11b		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I, XII, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII is optional Is the organization aschool described in section 170(b)(I)(A)(ii)"? If "Yes," complete Schedule D, Parts XI, XII, and XIII is optional Is the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report at otal of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 17 If Y X 18 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part VII, lines	С				3,7
Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X II, II, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13			11c		
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X II, II	d	· · · · · · · · · · · · · · · · · · ·			- T
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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13				v	
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 13			11e		
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 15 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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report at otal 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 17 Did the organization report at otal of more than \$15,000 of expenses for professional fundraising services on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	T	· · · · · · · · · · · · · · · · · · ·			v
Schedule D, Parts XI, XII, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 Did the organization maintain an office, employees, or agents outside of the United States? 15 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 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	40-	• • • • • • • • • • • • • • • • • • • •	111		
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 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 II 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8 a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	12a		40-	v	
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 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 II 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 10 Total the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X			ıza	21	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 Did the organization maintain an office, employees, or agents outside of the United States? 15 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 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 18 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Ь		40h		x
Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 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 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	12				
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 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 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	1/10				
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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 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 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X			140		
or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 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 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	IJ				
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 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 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X			14h	х	
or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 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 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 X	15		140		
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 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 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 X			15	х	
located outside the United States? If "Yes," complete Schedule F, Parts III and IV 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 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 X	16		<u>. </u>		
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 17			16		х
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 X	17				
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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	-		17		Х
1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 X	18				
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	-		18	Х	
complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X			19		Х
	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	b				

Form 990 (2011) The Breast Cancer Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		v	
00	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		Х
242	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
00	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		21
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
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			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			Х
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Cohood do N. Dord II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
	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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	00	Х	
	Note. All Form 990 filers are required to complete Schedule O	38	47	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Series the number reported in Box S of Form 1006. Enter-0- if not applicable		Check if Schedule O contains a response to any question in this Part V					
1s Enter the number reported in Box 3 of Form 1096. Enter -0-in not applicable 1b 0 0 Differ the number of Forms W3 of included in line 1s. Enter -0-in not applicable 1b 0 0 Differ the number of Forms W3 of included in line 1s. Enter -0-in not supplicable 1b 0 0 Differ the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners? 2s Enter the number of emptyleyes reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with row within the year covered by this return 1b If at least one is reported on line 2a, did the organization like all required deceral employment tax returns? 2b If the companization have unrelated business gross income of \$1,000 or more during the year? 3a If the organization have unrelated business gross income of \$1,000 or more during the year? 3a If Yes, 1 facility the companization have an interest in, or a signature or other authority over, a francial account in a foreign country. Seven she as bank account, securities account, or other financial account? 4a If Yes, 1 facility the name of the foreign country. See instructions for filing requirements for Form TD F00.21, Report of Foreign Bank and Financial Accounts. 5b If Yes, 1 facility the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, 1 facility the organization like Form 888617 5c If Yes, 1 facility the organization like Form 888617 5c If Yes, 1 facility the organization like Form 888617 5c If Yes, 1 facility the organization like Form 888617 6c If Yes, 1 facility the organization shelp the organization and party for goods and services provided to the payor? 7c Organization shall may receive deductible contributions under section 170(c). 8d If Yes, 1 facility the organization include with every solicitation and party for goods and services provided to the payor? 7d If Yes, 1 facility the organization include with every solicitation and payor s						Yes	No
be first the number of Forms W26 included in line 1a. Enter o-line of applicable 10 0 0 0 0 0 0 0 0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
Gambling) winnings to prize winners? a Etath the number of employees reported on Form W3, Transmittal of Wage and Tax Statoments, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization lie all required federal employment tax returns? Note. If the sum of lines 1 are and 2 is greater than 250, you may be required to e-///le (see instructions) 3 b If If Yea, 1 has it field a form 990-71 for this year If I 1/%, provide an explanation in Schedule 0 4 a 1 any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account)? 4 a 1 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)? 5 a If If Yea, 1 and the organization of provide the organization in the organization in the organization of a bank account, securities account, or other financial account)? 5 a If Yea, 1 and the organization or provide the organization or a bank account, securities account, or other financial account)? 5 a If Yea, 1 and the organization or provide the organization or a bank account, securities and the organization or the organization or provide the organization or the organization or provide the organization or the organization or the organization or the organization or the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax adoubtable? 5 b If Yea, 1 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? 7 b Organizations that may receive deductable contribution and party for goods and services provided to the payor? 5 b If Yea, 1 did the organization notify the donor of the value of the goods or services provided? 6 b If			1b	0			
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. Bed for the calendar year ending with or within the year covered by this return. Note. If the sum of lines 1a and 2 a is greater than 250, you may be required to e-file (see instructions) 3a	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gai	ming			
filed for the calendar year ending with or within the year covered by this return Sa		(gambling) winnings to prize winners?			1c		
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calendary 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 accountly? 4a At any time the name of the foreign country. 5b If 1'Yes, "inter the name of the foreign country. 5c is a was the organization a party to a prohibited tax shelter transaction at any time during the late year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 'Yes," it line 5a or 5b, did the organization file Form 8886-1? 6a Does the organization had were not tax deductible? 6b If 'Yes," it did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If 'Yes," it did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d Organization receive a payment in excess US75 made parity as a contribution and party for goods and services provided to the payor? 7b If 'Yes," include the organization notify the donor of the value of the goods or services provided? 7c If If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If 'Yes,' included on formation or qualified irrielectual property for which it was required? 7f If If the organization received a contribution of qualified irrielectual property, of the organization in file Form 899 as required? 7f If the organization make any taxable distribution to	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explination in Schedule O 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explination in Schedule O 3b If "Yes," that the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account in a foreign country. ▶ See instructions for filling requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filling requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filling requirements for Form 1D F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filling requirements for Form 1D F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filling requirements for Foreign Bank and Financial Accounts. See instructions for filling requirements for Foreign Bank and Financial Accounts. See instructions for filling requirements for Foreign Bank and Financial Accounts. See instructions for filling requirements for Foreign Bank and Financial Accounts. See instructions for filling foreign foreign Bank and Financial Accounts. See instructions for filling requirements for filling foreign foreign Bank and Financial Accounts. See in Yes, in the filling foreign foreign Bank and Financial Accounts. See in Yes, in the filling foreign foreign Bank and Financial Accounts. See The Yes, in the filling foreign foreign Bank and Financial Accounts. See The Yes, in the filling foreign foreign Bank and Financial Accounts. See The Yes, in the filling foreign foreign foreign Bank and Financial Accounts. See The Yes, included the requirement of the Author of the value of the Good foreign foreign foreign foreign fo		filed for the calendar year ending with or within the year covered by this return	2a	0			
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2 b		
b if "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly? 4b If "Yes," enter the name of the foreign country. ► See instructions for filing requirements for Form TDF 90/221, Report of Foreign Bank and Financial accountly. See instructions for filing requirements for Form TDF 90/221, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TDF 90/221, Report of Foreign Bank and Financial Accounts. See instructions of filing requirements for Form TDF 90/221, Report of Foreign Bank and Financial Accounts. See instructions of the very selection of the see that the second of the second of the organization and party to a prohibited tax shelter transaction at the second of the second of the second of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions had were not tax deductible? See instructions that were not tax deductible? Organizations that may receive deductible contributions under section 170(c). If the organization that may receive deductible contributions under section 170(c). If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 882e? To Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 882e? If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Did the organization meceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Did the organization meceived any funds of the second property, did the organization file Form 8898 are required? If the organization received any funds of the second property, did the organization file a Form 1098-07 has property a		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
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)? See instructions for filing requirements for Form TD F 90-21. Report of Foreign Bank and Financial Accounts. Sa Was the organization aperut to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have an anual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5b If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, "to line 5a or 5b, did the organization that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c If Yes, "to life the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If Yes, "did the organization include with every solicitation and party for goods and services provided to the payor? 6d If Yes, "did the organization notify the donor of the value of the goods or services provided? 7a X 6d If Yes, "indicate the number of Forms \$282 filed during the year 6d Did the organization, during the year, pay premiums on a personal benefit contract? 7a X 7b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 77 X 78 Sponsoring organizations maintaining donor advised funds and section \$90(a)(3) supporting organizations. Did the supporting organization meetive any transde, directly or indirectly, on a personal benefit contract? 7a X 7b Did the organization meetive any transde, directly or indirectly, on a personal benefit contract? 7a X 7b Did the organization meetive any transde directly any sponsoring organizations. Did the supporting organization is received a contri	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6a 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? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization notify the donor of the value of the goods or services provided? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization received any funds, directly or indirectly, on a personal benefit contract? 7 Te X g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1088-C? 7 The organization make any taxable distributions under section 49687 a Did the organization make any taxable distributions under section 49687 b Did the organization make any taxable distributions under section 49687 b Did the organization make any taxable distributions under section 49687 a Did the organization make any taxable distributions under section 49687 b Did the organization make any taxable distributions under section 49	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
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. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. So Was the organization party to a prohibited tax shelter transaction? 5a Was 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? 5b If "Yes," fold the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c Organizations that may receive deductible contributions under section 170(c). 5d If the organization that may receive deductible contributions under section 170(c). 5d If If "Yes," indicate that number of Forms 8282 filed during the year 6b If Yes, indicate the number of Forms 8282 filed during the year 6b If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7d If the organization receive any funds, directly or indirectly, on a personal benefit contract? 7e X 7f Ibd the organization received a contribution of qualified intellectual property, did the organization file a Form 1038-C? 7h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1038-C? 7h Spensoring organizations maintaining donor advised funds and section 509(a)3 supporting organization file a Form 1038-C? 7h Spensoring organizations maintaining donor advised funds and section 509(a)3 supporting organization file a Form 1038-C? 7h Spensoring organizations maintaining donor advised funds and section 509(a)3 supporting organization file a Form 1038-C? 7h Spensoring organizations maintaining donor advised funds and section 509(a)3 supporting organizat	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority ove	er, a			
See instructions for filing requirements for Form TD F0022.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b IX X 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization are annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a X 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b If "Yes," did the organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor? 6b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 6d If "Yes," indicate the number of Forms 8282 filed during the year 6 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 If If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7 Sponsoning organizations maintaining doon advised funds and section 59(a)(3) supporting organization file a Form 1098-C? 7 Sponsoning organizations maintaining doon advised funds and section 59(a)(3) supporting organization file a Form 1098-C? 8 Sponsoning organizations maintaining doon advised funds and section 59(a)(3) supporting organization file a Form 1098-C? 9 Sponsoring organizations maintaining doon or advised funds. a Did the organization		financial account in a foreign country (such as a bank account, securities account, or other financial	account)?		4a		X
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If Yes,** of 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? 6a 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? 6b If Yes,** did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization aparty the donor of the value of the goods or services provided? 7 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 Tes,** did the organization notify the donor of the value of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 To Gid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To gift the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To gift the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 8 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organization make a pistribution to a donor, donor advisor, or related person? 9 Did the organization messes and a distrib	b	If "Yes," enter the name of the foreign country: ►					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line 5 aor 5b, did the organization file Form 8886-T? 8 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? 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 8 If "Yes," indicate the number of Forms 8282 filed during the year 9 If "Yes," indicate the number of Forms 8282 filed during the year 10 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If the organization exceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 10 If the organization received and contribution of qualified intellectual property, did the organization file Form 8899 as recruited? 11 If the organization received a contribution of cars, boats, inglineaes, or other vehicles, did the organization flee Form 1088-C? 12 Sponsoring organizations malinaling donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations malinaling donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization make any taxable distributions under section 49867. 13 Section 501(c)(7) organizations. Enter: 14 If the organization make and stribution to a donor, donor advisor, or related person? 15 Section 501(c)(7) organizations. Enter: 16 Gross recome from themsens or shareholders 17 If a section 4947(a)(1) non-exempt charitable t		See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accounts.				
C If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a 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? 6							
6a Des 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? b If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 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 Ta							<u> </u>
any contributions that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 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 b If "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tanglible personal property for which it was required to file Form 8828? d If "Yes," indicate the number of Forms 8282 filed during the year E Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Te X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? The Sponsoring organizations maintaining donor advised funds. Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advised funds. Did the organization make a put saxble distributions under section 4966? B Gross income from members or shareholders B Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11a Section 501(c)(12) organizations. Enter: G Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 12a Section 501(c)(12) organizations because the ceived or accrued during the year 17b Section 501(c)(12) qualified nonprofit health insurrance issuers. Is the o					5c		<u> </u>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 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? 5 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 6 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c X 7 d If "Yes," indicate the number of Forms 8282 filed during the year 7 d If the organization receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract? 7 d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8898 a required? 8 plit the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8898 are required? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4986? 9 D Did the organization make any taxable distributions under section 4986? 9 D Did the organization make any taxable distributions under section 4986? 9 D Did the organization make any taxable distributions under section 4986? 9 D Did the organization make any taxable distributions under section 4986? 9 D D D D D D D D D D D D D D D D D D	6a						
were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? f Did the organizations maintaining donor advised funds and section 509(a) 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12 c First the amount of tax-exempt interest receive					6a		<u> </u>
7 Organizations that may receive deductible contributions under section 170(c). 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 X	b		ions or gifts				
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? b if "Yes," did the organization notify the donor of the value of the goods or services provided? to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, pay premiums, directly, or pay premiums on a personal benefit contract? 76					6b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c		•			_		v
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e							
to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7					/b		
d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a 9 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b 15c If "Yes," enter the amount of reserves the organization the organization must report on Schedule O. b 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 in more than one state? Note. See the instructions for additional information the orga	С		· ·		70		x
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 b Did the organization make a distribution to a donor, donor advisor, or related person? 9 b Did the organization make a distribution included on Part VIII, line 12 a Initiation fees and capital contributions included on Part VIII, line 12 a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a 12a Section 501(c)('12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)('22) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b 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 c	٨				70		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 b D D D D D D D D D D D D D D D D D D		·			70		х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 In Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b If Yes," enter the amount of reserves the organization the organization must report on Schedule O. b 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 13b	_						
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? 9 Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Did Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a							
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? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the organization make a distribution to a donor, donor advisor, or related person? 9 bid the organization. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b 14b 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	_						
organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Did the organization make any taxable distributions under section 4966? 9a Did the organization make any taxable distributions under section 4966? 9a Did the organization make any taxable distributions under section 4966? 9b Did the organization section 4966? 9c Did the organization make any taxable distributions under section 4966? 9c Did the organization make any taxable distributions under section 4966? 9c Did the organization make any taxable distributions under section 4966? 9c Did the organization distributions under section 4966? 9c Did the organization flex example and the section 4966? 9c Did the organization distributions under section 4966? 9c Did the organization flex example and the section 4966? 9c Did the organization flex example and the section 4966? 9c Did the organization flex example and the section 4966? 9c Did the organization flex example and the section 4966? 9c Did the organization flex example and the section							
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12					8		
a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	9		·				
b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13a 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а				9a		
a Initiation fees and capital contributions included on Part VIII, line 12					9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	10	Section 501(c)(7) organizations. Enter:					
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	11	Section 501(c)(12) organizations. Enter:					
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			11a				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	Gross income from other sources (Do not net amounts due or paid to other sources against					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		amounts due or received from them.)	11b				
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	•	12b				
Note. See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O							
b 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 c Enter the amount of reserves on hand 13c 14a	а				13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		·					
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b		1				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		Did the consideration which are a superior for its described and a superior desired the terror of	•		44		v
	b	IT "Yes," has it filed a Form 720 to report these payments? IT "No," provide an explanation in Schedule	÷ U			990 /	2011\

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.

	to mile ea, es, or respective, according the encamentalises, proceeded, or other good in contractions.			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 0.			
ь	Enter the number of voting members included in line 1a, above, who are independent			
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?	2	х	
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a				
•	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	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? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Α.	
	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	12a	Х	
IZa h	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
D	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	in Schedule O how this was done	12c	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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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 take steps to safeguard the organization's			
2	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed See Schedule O		ula.	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvanat	ле	
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
.5	statements available to the public during the tax year.	u midi	ioiai	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ion:	•	
	Breast Cancer Charities of America - (281)296-5755			
	DO Deer 122000 mbs Westless are 77202			

01-23-12

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Name and Title	Average	1						(D)	(E)	(F)	
		(C) Position (do not check more than one		Reportable	Reportable	Estimated					
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of	
	week (describe	ـــــ					Ĺ	from the	from related organizations	other compensation	
	hours for	or director				pg.		organization	(W-2/1099-MISC)	from the	
	related	stee or	nstee.			ensat		(W-2/1099-MISC)		organization	
	organizations	al tru	onal tr		oloyee	comb				and related	
	in Schedule O)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) Erica Harvey		-	-	0		Ξ 65	Œ				
President/Exceutive Direct	60.00	x		Х				0.	79,356.	0.	
(2) Diane Holman-Gregor									-		
Vice President	1.00	X		Х				0.	0.	0.	
(3) Linda Kamp Anderson											
Treasurer/Secretary	1.00	X		Х				0.	0.	0.	
(4) Theo Cox	1 00								0	0	
Trustee	1.00	Х						0.	0.	0 .	
		-									
		-									
		_	_								
		\vdash									
		1	1	l	1	I		1			

Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	mplo	oyee	s, a	nd l	High	est	Compensated Employ	rees (continued)				
(A)	(B)			(()			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos	itior	1 than	one	Reportable	Reportable		Es	timate	∍d
	hours per	box	, unle	ss pe	rson	is bot	h an	· ·	compensation			nount	of
	week (describe	⊢	OCI GII		1 0010	17 11 410	100)	from the	from related			other	tion
	hours for	or director				,			organization (W-2/1099-MIS			compensation from the	
	related	tee or	stee			nsate		(W-2/1099-MISC)	(anizat	
	organizations	ıl trust	nal tru		oyee	e du os					and	d relat	ed
	in Schedule O)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	mer				orga	anizati	ons
	0)	르	su	#0	Ke	iĘ, li	-G						
1b Sub-total						▶		0.	79,3	56.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)						<u> </u>		0.	79,3	56.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no r	received more than \$100	0,000 of reportab	le			•
compensation from the organization												Vaa	0
3 Did the organization list any former officer,	director or tru	ıoto	م اده		mole		۰.	highest componented o	malayoo on	ı		Yes	No
line 1a? If "Yes," complete Schedule J for s								riignest compensated e			3		Х
4 For any individual listed on line 1a, is the su			omp	ensa	atior	n and	d ot	ther compensation from			_		Х
and related organizations greater than \$150Did any person listed on line 1a receive or a									idual for convices		4		
rendered to the organization? If "Yes," com	-				-		ыа	ted organization or indiv	idual for services		5		Х
Section B. Independent Contractors	proto corrodar	001	0, 00	2011	00,0								
Complete this table for your five highest co	mpensated inc	depe	ende	ent c	onti	racto	ors	that received more than	\$100,000 of con	npens	ation f	rom	
the organization. Report compensation for	the calendar y	ear (endi	ng v	vith	or w	rithi	n the organization's tax	year.				
(A) Name and business	addross							(B) Description of s	convicos	C	(C	;) nsatio	n
Associated Community Serv		Tno	~					Description of s	sei vices		ompei	isalio	
29777 Telegraph Road, Son	•			ΓΖ	18(034	1	 Telemarketin	ر ا	2	8.0	5,6	56.
Brickmill Marketing Servi						-	_	1010111411100111	9		, 00	5 	
24 Mill Brook Road, Wilto	on, NH (5				Direct Mail	Campaign	1	,67	5,1	55.
Central Processing Service 29777 Telegraph Road, Son		ī, Ē	M	C 4	180	034	4	Donor Proces	s Svc	1	,50	8,7	52.
J 1 <u>F</u> 1111 / 1101		•							-			-	

Form **990** (2011)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

				ıncer Cha	rities of	America	26-4602	1950 Page 9
Pa	rt VII	II Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d ions) 1e ts, and ve 1f 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	90,572. .5006803. .932,824.	15097375.			
Program Service Revenue		All other program service reve	nue					
	3 4 5	I Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tax Royalties	dividends, inter	est, and proceeds	377.			377.
	b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)		(ii) Personal				
	7 a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities	(ii) Other				
Other Revenue	d 8 a	Net gain or (loss) Gross income from fundraising including \$ 90,5 contributions reported on line Part IV, line 18	g events (not 172. of 1c). See	93,129.				
₽ O	С	Less: direct expenses Net income or (loss) from func Gross income from gaming ac Part IV, line 19	draising events ctivities. See	196,873.	-103,744.			-103,744.
	c 10 a	Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	ning activities returns a	>				
	11 a	Net income or (loss) from sale Miscellaneous Revenu Sale-Public Awa	s of inventory		568.	568.		
		All other revenue			568.			
	12	• Total. Add lines 11a-11d Total revenue. See instructions.		>	14994576.		0.	-103,367.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon	se to any question in th	is Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		·		
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	42,620.	42,620.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	8,844,642.	8,844,642.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	207 222	206 622	41 716	20 074
а	Management	287,323.	206,633.	41,716.	38,974
b	Legal	14,820.			
С	Accounting	29,758.		29,758.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	5,382,037.	2,505,749.	571,174.	2,305,114
g	Other	2,279.		1,680.	599
12	Advertising and promotion	25,994.		2,567.	14,256
13	Office expenses	3,864.	3,478.	193.	193
14 45	Information technology	3,004.	3,470.	173.	
15 16	Royalties	17,388.	12,171.	3,478.	1,739
16 17	Occupancy	18,614.	18,614.	3,470.	1,755
17 10	Travel	10,014.	10,014.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,977.		5,318.	2,659
20		. , , , , , ,		3,0201	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,457.	1,311.	73.	73
23	Insurance	575.	402.	115.	58
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Shipping and procuremen	88,733.	88,733.		
b	Bank/credit card proces	66,647.	33,323.	6,665.	26,659
c	Education	5,151.	5,151.	,	,
d		· ·	,		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	14,839,879.	11,771,998.	677,557.	2,390,324
<u> </u>	Joint costs. Complete this line only if the organization	, , , , , , , , ,	, , , , , , , , , , , ,	,	, -,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	5,448,290.	2,539,986.	577,407.	2,330,897

132010 01-23-12

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		301,309.	1	442,297.
	2	Savings and temporary cash investments		100,956.	2	101,333.
	3	Pledges and grants receivable, net		1,519.	3	113,812.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, di				
		employees, and highest compensated employee				
		of Schedule L		5		
	6	Receivables from other disqualified persons (as				
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	•			
		employees' beneficiary organizations (see instru	-		6	
ets	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		2,990.	8	2,990.
4	9			4,500.	9	3,998.
	I	Land, buildings, and equipment: cost or other	I I			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		3,642.	14	2,185.
	15	Other assets. See Part IV, line 11	800.	15	10,800.	
	16	Total assets. Add lines 1 through 15 (must equ		415,716.	16	677,415.
	17	Accounts payable and accrued expenses		218,645.	17	360,962.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
G	21	Escrow or custodial account liability. Complete I			21	
Liabilities	22	Payables to current and former officers, director				
ig		highest compensated employees, and disqualifi				
Ë		-f O -le - alude I	·		22	
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	•			
		0		46,672.	25	11,357.
	26	Total liabilities. Add lines 17 through 25		265,317.	26	372,319.
		Organizations that follow SFAS 117, check he				,
S		lines 27 through 29, and lines 33 and 34.				
၁င	27	Unrestricted net assets		100,399.	27	255,096.
aga	28	Temporarily restricted net assets		50,000.	28	50,000.
Ä	29	Democratic methods to the state of the			29	33,7333
Ĕ		Organizations that do not follow SFAS 117, c	heck here			
Ĕ		complete lines 30 through 34.	mean more P una			
ts c	30	Capital stock or trust principal, or current funds			30	
sse	31	Paid-in or capital surplus, or land, building, or ed			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			32	
Š	33			150,399.	33	305,096.
	1	Total liabilities and not assets/fund balances		415,716.	34	677,415.
	34	Total liabilities and net assets/fund balances		410,710	J4	5 000 (2244)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,99		
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,83		
3	Revenue less expenses. Subtract line 2 from line 1	3			97.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15	0,3	99.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	30	5,0	96.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

The Breast Cancer Charities of America Employer identification number 26-4602950

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)A)(ii). A church, convention of churches, or association of churches described in section 170(b)(1)A)(iii). A hospital or a cooperative hospital service organization described in section 170(b)(1)A)(iii). A hospital or a cooperative hospital service organization described in section 170(b)(1)A)(iii). A hospital or a cooperated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)A)(iv). A norganization parameter or governmental unit described in section 170(b)(1)A)(iv). A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described section 170(b)(1)A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)A)(iv). (Complete Part II.) A norganization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross invest income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 19 See section 506(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety, See section 509(a)(4). Check the box that describes the type of supporting organization after public safety. See section 509(a)(3). Check the box that describes the type of supporting organization is not controlled directly or indirectly by one or more deligible persons of the functions of, or to carry out the purposes of one more publicly supported organization received a written determination is not controlled directly or indirectly by one or more deligible persons of the function of section 509(a)(2). See section 5	Pan		Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	tructions.				
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's nar city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described section 170(b)(1)(A)(vi). (Complete Part III.) A community frust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross invest income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 19 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one 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 II b Type II c Type III remotionally integrated d Type III other by checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other the foundation managers and other than one or more publicly supported organizations describe	he or	gan	ization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's nar city, and state: A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's nar city, and state: A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross invest income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 19 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one 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	1	_	A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's nar city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts activities related to its exempt functions: subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross invest income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 19 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one more publicly supported organizations described in 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	2	_	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described section 170(b)(1)(A)(v). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts activities related to its exempt functions: subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross inves income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 19 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one 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	3 <u> </u>	_	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A reganization that normally receives a substantial part of its support from a governmental unit or from the general public described section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross invess income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 19 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one more publicly supported organizations described in 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	4 L				operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter t	the hospit	al's nan	ne,
section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A no rganization that normally receives a substantial part of its support from a governmental unit or from the general public described section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross inves income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 19 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one 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	_	_	•											
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross invess income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 19 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one 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	5 L					niversity o	wned or op	perated by	a governi	mental uni	t describ	ed in		
An organization that normally receives a substantial part of its support from a governmental unit or from the general public described section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross invess income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 19 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one 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		\neg			·									
section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross invose income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 19 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one 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	_													
A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross invest income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 19 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one 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 II b Type III c Type III Functionally integrated d Type III Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other that foundation managers and other than one or more publicly supported organizations described in section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type III, or Type III supporting organization, check this box 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 53% controlled entity of a person described in (i) above? (iv) Is the organization in col. (i) listed in your organization in col. (i) o	/ L	Δ	J	,	•	of its supp	ort from a	governme	ental unit c	or from the	general	public des	scribed	ın
An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross invess income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 19 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one 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	. [\neg				(O = - t =	D4 11 \							
activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross invess income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 19 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one 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	Г	一					-	rom oontri	butions n	aomharahii	n food o	nd aross r	ooointo	from
income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 19 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organization and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one 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	9 _		•	•	` '				•			•	•	
See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one 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				•	•	•	•	•				•		
An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one 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							x, nom bu	011100000	ioquirou b	y the orga	mzation	artor barro	00, 10	Ο.
An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one 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	10 [st for publ	ic safety. S	See sectio	n 509(a)(4	1).				
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	11 E		•		•	•	•			•	y out the	purposes	of one	or
describes the type of supporting organization and complete lines 11e through 11h. a			•		•						•	•		
By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other that 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 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? (ii) Name of supported organization about the supported organization (described on lines 1-9 above or IRC section governing document? (iv) Is the organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in the U.S.?									•	•				
foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ii) Provide the following information about the supported organization (described on lines 1-9 above or IRC section above or IRC section (i) organization in col. (i) organization in col. (i) organization in col. (ii) organization in col. (iii) organization in col. (iii) organization in col. (iv) organization in col. (i	_		a Type I	b _	☐ Type II c	; 🔲 Тур	e III - Fund	tionally int	egrated		d	Type III -	Other	
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (ii) Name of supported organization organization (iii) FIN (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization (v) Did you notify the organization in col. (i) organization in col. (ii) organization in col. (iii) organization in col. (iiii) organization in col. (iiii) organization in col. (iiiii) organization in col. (iiiiii) organization in col. (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	e L		By checking	this box, I certify tha	at the organization is not	controlled	I directly o	r indirectly	by one o	r more disc	qualified	persons o	ther tha	an
supporting organization, check this box 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? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (ii) Name of supported organization (iii) FIN (iii) Type of organization (described on lines 1-9 above or IRC section (i) organization in col. (ii) organization in the U.S.?			foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 50	09(a)(2).	
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? (iii) A 75% controlled entity of a person described in (i) or (ii) above? (iii) Name of supported organization about the supported organization (v) Did you notify the organization in col. (i) organization in col. (ii) organization in col. (iii) organization in col. (iiii) organization in col. (iiii) organization in col. (iiiii) organization in col. (iiiiii) organization in col. (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	f		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
(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? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (ii) Provide the following information about the supported organization(s). (ii) Name of supported organization (iii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section) (iv) Is the organization (v) Did you notify the organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (ii) organization in col. (iii) organization in col. (iiii) organization in col. (iiii) organization in col. (iiiiiii) organization in col. (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii				,										. 📖
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? 11g(ii) 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) (iv) Is the organization (v) Did you notify the organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in the U.S.?	g		-		*			•					,,	T
(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? 11g(ii) 11g(iii) 11g(iii) 11g(iii) 1 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 above or IRC section) (iv) Is the organization (v) Did you notify the organization in col. (i) organization in col. (i) organization in col. (ii) organized in the U.S.?														No
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 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) (iv) Is the organization (v) Did you notify the organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organized in the U.S.? (vii) Amount organization in col. (i) organized in the U.S.?														
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 (iv) Is the organization (v) Did you notify the organization in col. (i) Organization in col. (i) organization in col. (ii) of your support? (vi) Is the organization in col. (ii) organization in the U.S.?														
(i) Name of supported organization organization (ii) EIN (iii) Type of organization organization (described on lines 1-9 above or IRC section organization organization (ii) Is the organization organization in col. (i) Is the organization in col. (i) Did you notify the organization in col. (i) Organization in col. (i) organization in col. (i) organization in col. (ii) organization organization in col. (ii) organization in col. (ii) organization in col. (ii) organization organization in col. (ii) organization in col. (ii) organization organization in col. (ii) organization organization organization in col. (ii) organization organization in col. (ii) organization organization organization in col. (ii) organization organizati	h											[1.3(./	1
organization organization (described on lines 1-9 above or IRC section organization organization (i) listed in your governing document? (i) of your support? (vi) Alhount (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization organization in col. (ii) organization in col. (ii) organization organization in col. (ii) organization organization organization in col. (ii) organization in col. (ii) organization in col. (iii) organization in col. (iii) organization organization in col. (iv) Alhount (iv) organization in col. (i				g		9	(-/-							
organization (described on lines 1-9 above or IRC section (i) organization in col. (i) listed in your organization in col. (i) organized in the governing document? (i) of your support? (i) organized in the U.S.?	(i) N	ame	of supported	(ii) EIN					notify the	(vi) ls	the	(vii) A	mount o	of
above or IRC section	٠,			(, =	(described on lines 1.0					(i) organiz	ed in the			
(see instructions)) Yes No Yes No Yes No					`above or IRC section		document?	., .	support?	U.S.	.?			
					(see instructions))	Yes	No	Yes	No	Yes	No			
- Total	otal													

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-1 Schedule A (Form 990 or 990-EZ) 2011 The Breast Cancer Charities of America 26-4602950 Page 2

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			2288749.	4340595.	6257680.	12887024.
2	Tax revenues levied for the organ-						
	ization'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			2222742	4040505	6055600	1000000
4	Total. Add lines 1 through 3			2288749.	4340595.	6257680.	12887024.
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)						
	Public support. Subtract line 5 from line 4.						12887024.
	ction B. Total Support		1		1		
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4			2288749.	4340595.	6257680.	12887024.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			112.	841.	377.	1,330.
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						12888354.
	Gross receipts from related activities,	•	,			12	663.
13	First five years. If the Form 990 is for	•			•		
0-	organization, check this box and stop	here					<u>▶X</u>
	ction C. Computation of Publ						
	Public support percentage for 2011 (I		•			14	%
	Public support percentage from 2010					15	%
16a	33 1/3% support test - 2011. If the o	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2010. If the o	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac				•	_	. \square
	meets the "facts-and-circumstances"	-	· · · · · · · · · · · · · · · · · · ·				
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the		•		•		
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2011

132022 01-24-12

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

Sec	tion A. Public Support	now, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and	(a) 2001	(6) 2000	(6) 2003	(a) 2010	(6) 2011	(i) Total
	membership fees received. (Do not include any "unusual grants.")						
	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
b.	3 received from disqualified persons 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						
C	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support					-	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for t	•		•	•	. , . ,	· —
	check this box and stop heretion C. Computation of Public						P
	<u> </u>			l (f)		45	
	Public support percentage for 2011 (lin					15	<u>%</u>
	Public support percentage from 2010 stion D. Computation of Investigation					10	<u>%</u>
	Investment income percentage for 201					17	%
	Investment income percentage from 20					18	
	33 1/3% support tests - 2011. If the o						
	more than 33 1/3%, check this box and						
	33 1/3% support tests - 2010. If the c						
	line 18 is not more than 33 1/3%, chec	-					
	Private foundation. If the organization						

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Name of the organization **Employer identification number** The Breast Cancer Charities of America 26-4602950 Organization type (check one): Filers of Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

The Breast Cancer Charities of America

26-4602950

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$4,685,042. 	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$4,159,600.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$13,000.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$15,800.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,000.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

The Breast Cancer Charities of America

26-4602950

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization Employer identification number

The Breast Cancer Charities of America

26-4602950

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	Medicines		
1			
		\$4,685,042.	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I	Medicines	,	
2	Medicines		
		\$4,159,600.	05/19/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	Special Event Items		
3			
		\$ 28,750.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	Special Event Items		
4			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	Special Event Items		
5			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_	Special Event Items		
6			
123453 01-23	3-12	\$ 10,000. Schedule B (Form 9	Various 90,990-EZ, or 990-PF) (2011)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 4 Name of organization Employer identification number The Breast Cancer Charities of America 26-4602950 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

The Breast Cancer Charities of America

Employer identification number 26-4602950

Pai	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
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 v	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	•	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	• •		
Pai			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		corically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			l
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		I
3	Number of conservation easements modified, transferred, rel		
	year >	, , ,	3
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	•	
	conservation easements.		3
Pai	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherar	nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		• \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		• \$
b	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments - Other Securities.		ne 12.		4002550 Page
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua or end-of-year mar	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C) (D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)		" 10		
Part VIII Investments - Program Related.	See Form 990, Part X, I		c) Method of valua	tion:
(a) Description of investment type	(b) Book value		or end-of-year mar	
(1)				
(2)				
(3)				
<u>(4)</u>				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, li	ne 15. (a) Description			(b) Book value
(1)	, a, 2 cccp			(a) Doon raide
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15.)		•	
Part X Other Liabilities. See Form 990, Part				
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) Cancer Recovery Foundati	lon Int'l	11 255		
(3) Payable		11,357.		
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) Fix 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnot	line 25.)	11,357.	tion's liability for uncertain	n tax positions under
2. FIN 48 (ASC 740).	o. gameadon o mianda	the organiza		
132053 01-23-12			Sch	edule D (Form 990) 201

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection

Employer identification number

The Breast Canc	er Chari	ties of	America		26-46029	50
			tside the United States. Comp	lete if the organ		
to Form 990, Par			torac and crimed charges comp	icte ii tric organ	nzation answered	103
1 For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,	
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	stance? X	Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and of	ther assistance ou	itside the
United States.						
			an be duplicated if additional space is			T
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
Central America and						
the Caribbean		0	Program Services	Donation of	Medicines	2,699,845.
						2,033,023.
Sub-Saharan Africa	0	0	Program Services	Donation of	Medicines	6,144,797.
3 a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b)	0	0	tions for Forms 000		Only ded. 5	8,844,642. 0. 8,844,642.
b Total from continuation sheets to Part Ic Totals (add lines 3a	0	0	ctions for Form 990.		Schedule F	8,844

		_	Outside the United States.	•	rganization answered	d "Yes" to Form	990, Part IV, line 15, fo	or any
			o one recipient received more	e than \$5,000				▶ ∐
	plicated if additional	space is needed.	1		1			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America						Fair Market
		and the Caribbean	Program Service	0.		2699845	Medicines	Value
		Sub-Saharan Africa	Program Service	0.		41 50 600	.Medicines	Fair Market Value
		ALFICA	Program Service	· · · · · · · · · · · · · · · · · · ·	•	4159600	, medicines	value
		Sub-Saharan						Fair Market
		Africa	Program Service	0.		1985197.	.Medicines	Value
			recognized as charities by th					
			n 501(c)(3) equivalency letter				-	2 2
3 Enter total number of	other organizations	or entities				<u></u>	2:	
							Sche	dule F (Form 990) 2011

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (d) Amount of (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement non-cash non-cash assistance assistance

"Yes." the organization may be required to file Form 5713. International Boycott Report (see Instructions

Part IV **Foreign Forms** 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization 2 may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471) Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. Yes X No. (see Instructions for Form 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 5 the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865) Did the organization have any operations in or related to any boycotting countries during the tax year? If

for Form 5713) Yes

Schedule F (Form 990) 2011

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

Schedule G (Form 990 or 990-EZ) 2011

Name of the organization	7.11.40.11.10.11.10.11.10.11.11.11.11.11.11.11		300 00	parato moduomen	Employer ide	ntification number	
The Breast Cancer Charities of America 26-4602950							
Part I Fundraising Activities required to complete this par	Complete if the organization answert.	ered "\	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not	
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
Total	ı	1	_				
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration	
or licensing.							

132081 01-23-12

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

Schedule G (Form 990 or 990-EZ) 2011 The Breast Cancer Charities of America 26-4602950 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Gala & Stiletto (add col. (a) through Silent AuctiSprint col. (c)) (total number) (event type) (event type) Revenue 127,660. 43,481. 12,560. 183,701. 1 Gross receipts 27,006. 63,566. 0. 90,572. 2 Less: Charitable contributions 64,094. 16,475. 12,560. 93,129. **3** Gross income (line 1 minus line 2) 4 Cash prizes 66,504. 23,824. 90,328. 5 Noncash prizes **Direct Expenses** 16,607. 623. 4,795. 22,025. 6 Rent/facility costs 12,932. 57. 16. 13,005. 7 Food and beverages 8 Entertainment 63,484. 7,805. 226 71,515. Other direct expenses 196,873, 10 Direct expense summary. Add lines 4 through 9 in column (d) -103,744. 11 Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct | 4 Rent/facility costs **5** Other direct expenses Yes Yes No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2011

Sch	edule G (Form 990 or 990-EZ) 2011 The Breast Cancer Charities of America 26-4	602	<u>950</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	13a		%
	An outside facility	13b		<u>%</u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	.Ш	Yes	└── No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
c	: If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	.Ш	Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)	and (v), and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	ı (see i	nstruc	tions).
_				
_				
_				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

The Breas	st Cancer	Charities c	of America				26-4602	1950
Part I General Information on Grants a	and Assistance							
Does the organization maintain records criteria used to award the grants or ass		-					on X Yes	☐ No
2 Describe in Part IV the organization's pr								
Part II Grants and Other Assistance to	Governments and	d Organizations in th	e United States.	Complete if the org	anization answered "	Yes" to Form 990, Part I	V, line 21, for any	
recipient that received more than	\$5,000. Check this	s box if no one recipie	nt received more th	nan \$5,000. Part I	I can be duplicated if	additional space is need	led	<u> </u>
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance	nt
2 Enter total number of section 501(c)(3) a	and government or	rganizations listed in th	ne line 1 table	1	1	1	>	
3 Enter total number of other organization								

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation	(f) Description of non-cash assistance
	recipients	cash grant	cash assistance	(book, FMV, appraisal, other)	
Help Now Fund	101	42,620.	. 0.	Actual Value	
Part IV Supplemental Information. Complete this part to	provide the information	n required in Part I,	line 2, and any other	additional information.	
Schedule I, Part I, Line 2: Rec	ipients can	not direct	ly request	to receive	
funds. Applications for grant	funds must 1	be receive	ed from the	recipient's	
social worker or nurse/medical	professional	l who has	evaluated	the	
		L1		hara hili ara	
recipient's condition and has k	nowleage of	tneir iin	ancial sui	tuation;	
these applications are reviewed	quarterly a	and grants	made acco	rdingly.	
Assistance is provided to women	struggling	with brea	ıst cancer	to help	
cover expenses such as rent and	untilities	• THE MAX	rimum amoun	t donated	
to each individual will not exc	eed \$500.				

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

The Breast Canger Charities of America 26-4602950

Part I							n 501(c)(4) organization			0-40	0493	0	
I diti	•									V line 40	h		
1				res c	on Form	990, Part IV,	line 25a or 25b, or Fo			v, iine 40	D.	(c) Corr	ected?
	(a) Name of disc	qualified pers	son				(b) Description	of transa	ction			Yes	No
	r the amount of tax impo on 4958		•		Ū	•	ed persons during the	,		> \$			
3 Ente	r the amount of tax, if an												
	•												
Part II	Loans to and/or	r From Int	eres	ted P	ersons	S							
	Complete if the organ	nization ansv	vered	"Yes" o	on Form	990, Part IV,	line 26, or Form 990-E	EZ, Part \	/, line 38	Ba.			
	Name of interested rson and purpose	(b) Loan t the organ				nal principal nount	(d) Balance due		In ault?	(f) App by bo comm	ard or	(g) W agreer	
		То	Fr	om				Yes	No	Yes	No	Yes	No
Total Part III	Grants or Assist	tanco Bor	ofiti	na In	torosto	\$	•						
Part III	_			•									
	Complete if the organ		verea						_				
	(a) Name of interested p	person		((b) Relati		een interested person ganization	and		(c) Am	ount an assistan	d type o	Ī

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

Schedule L (Form 990 or 990-EZ) 2011

	Complete if the organization answer	volving Interested Persons. ered "Yes" on Form 990, Part IV, line 28a, 28	3b. or 28c			
(a	Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of		aring of
\-		person and the organization	transaction	transaction	organiz rever	zation's iues?
					Yes	No
Bright	Ideas, LLC	Owned by Executive	5,251.	Special Eve		Х
Dort V	Complemental Information					
Part V	Supplemental Information					
	Complete this part to provide addi	tional information for responses to questions	s on Schedule L (see	instructions).		
Cah I	Dant IV Buginess	Transactions Involvin	a Thtoroat	od Dorgong.		
scп п,	Fait IV, Business	s Transactions Involvin	ig interest	ed Persons:		
(a) Na	me of Person: Brig	tht Ideas I.I.C				
(a) Na	me or rerson. Brig	JIC Ideas, DDC				
(b) Re	lationship Betweer	n Interested Person and	l Organizat	ion:		
(1) 110	racionalità accheci	i interested rerson und	i Organiza (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Owned :	by Executive Direc	ctor - All Net Profits	accrue to	BCCA		
		1111 1,00 1101105	400140 00	20011		
(d) De	scription of Trans	saction: Special Events	s Giveawavs	3		
	.			<u> </u>		

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

The Breast Cancer Charities of America

Employer identification number 26-4602950

Pai	rt i Types of Property								
		(a)	(b)	(c)		(d)			
		Check if	Number of contributions or	Noncash contr		Method of de		_	1
		applicable		amounts repor Form 990, Part V		noncash contribu	ition ai	mount	.S
1	Art - Works of art				,				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
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	X	2	8,844,	642.	Fair Market	. Va	1ue	
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► (Gift Cards/Sp)	X	89	88,	182.	Fair Market	Va	1ue	
26	Other • ()			,					
27	Other • ()								
28	Other (
29	Number of Forms 8283 received by the organiz	zation durin	n the tay year for c	ontributions					
23	for which the organization completed Form 828		•		29				
	To which the organization completed form ozd	Jo, i ait iv,	Donee Acknowled	gement	23			Yes	No
300	During the year did the organization receive by	, contributio	on any proporty ro	norted in Dort L lin	oo 1 20 th	at it must hold for		163	NO
oua	During the year, did the organization receive by								
	at least three years from the date of the initial of		•	•			20-		х
	the entire holding period?						30a		
	If "Yes," describe the arrangement in Part II.					0			v
31	Does the organization have a gift acceptance p						31		X
32a	Does the organization hire or use third parties of	or related or	rganizations to soli	cit, process, or se	II noncash				77
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which colun	nn (a) is ch	necked,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule M	(Form	990) ((2011)

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

The Breast Cancer Charities of America

Employer identification number 26-4602950

Form 990, Part I, Line 1, Description of Organization Mission: life-threatening illness. We bring together organizations representing all health and social service disciplines in the commitment to establish new and unprecedented levels of effectiveness in research, education, advocacy and support.

Form 990, Part III, Line 1, Description of Organization Mission: effectiveness in research, education, advocacy and support.

Form 990, Part VI, Section A, line 2: The Executive Director's mother is also a member of the Board of Directors.

Form 990, Part VI, Section B, line 11: The Organization reviews and approves the Form 990 at a board meeting prior to it being submitted to tax authorities.

Form 990, Part VI, Section B, Line 12c: Officers and trustees are required to disclose any conflicts of interest that may arise and then recuse themselves from votes on issues with which they have a conflict.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990: AK, AL, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM NY,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV

Form 990, Part VI, Section C, Line 18: The Organization makes its Forms 1023 and 990 available upon request.

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

Schedule O (Form 990 or 990-EZ) (2011)

Name of the orgar	The Breast Cancer Charities of America	Employer identification number 26-4602950
Form 990,	Part VI, Section C, Line 19: The Organization ma	akes its
governing	documents, conflict of interest policy and finar	ncial statements
available	upon request.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990.

► See separate instructions.

2011 Open to Public Inspection

Name of the organization

The Breast Cancer Charities of America

Employer identification number 26-4602950

(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state of foreign country)				Direct o	controlling ntity	g
	-							
	-							
Part II Identification of Related Tax-Exempt Organiza	ations (Complete if the organization a	answered "Yes" to Form 990) Part IV line 34 h	acause it had one	or more	rolated tax aver	mnt	
organizations during the tax year.)			5,1 41117, 1110 5 1 2	because it flad offe	or more i	related tax-exer	прі	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direc	(f) ct controlling entity	Section cont	g) 512(b)(13) rolled tity?
(a) Name, address, and EIN	Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	Direc	(f)	Section	rolled
(a) Name, address, and EIN of related organization Cancer Recovery Foundation International -	Primary activity Provide education and support for the prevention	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direc	(f)	Section cont	rolled tity?
(a) Name, address, and EIN of related organization	Primary activity Provide education and	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	Direc	(f)	Section cont	rolled tity?
(a) Name, address, and EIN of related organization Cancer Recovery Foundation International -	Primary activity Provide education and support for the prevention	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direc	(f)	Section cont	rolled tity?

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

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		portion- cations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	or Percentago ng ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes I	lo
										Ш	
										\sqcup	
										\sqcup	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
-							
							<u> </u>
							<u> </u>
							<u> </u>

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1a

Yes No

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)					1b		Х
С	Gift, grant, or capital contribution from related organization(s)					1c		Х
	Loans or loan guarantees to or for related organization(s)					1d		Х
е	Loans or loan guarantees by related organization(s)					1e	Х	
								v
f	Sale of assets to related organization(s)					1f		X
g	Purchase of assets from related organization(s)							
h	Exchange of assets with related organization(s)					1h		X
i	Lease of facilities, equipment, or other assets to related organization(s)					1i		X
i	Lease of facilities, equipment, or other assets from related organization(s)					1i		Х
, k	Performance of services or membership or fundraising solicitations for related organization(s	(s)				1k		Х
	Performance of services or membership or fundraising solicitations by related organization(s					11		Х
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					1m		Х
	Sharing of paid employees with related organization(s)					1n	Х	
	onaling of paid omployees with related organization(e)							
o	Reimbursement paid to related organization(s) for expenses					10	Х	
р	Reimbursement paid by related organization(s) for expenses					1p		Х
·								
q	Other transfer of cash or property to related organization(s)					1q		Х
	Other transfer of cash or property from related organization(s)					1r		Х
	If the answer to any of the above is "Yes," see the instructions for information on who must							
	Name of other organization Trans	(b) saction pe (a-r)	(c) Amount involved		(d) Method of determining amount involved			
(1) (Cancer Recovery Foundation International	E	11,357.	Actual	Value			
(2) ⁽	Cancer Recovery Foundation International	N	171,537.	Actual	Value			
(3) (Cancer Recovery Foundation International (0	139,405.	Actual	Value			
(4)								
(5)								
(6)								

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(r	ו)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under section 512-514)	Are all partners sec	Share of	Share of	Dispre	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	Percentage
of entity		(state or foreign	excluded from tax	501(c)(3) orgs.?	total	end-of-year	allocat	iale tions?	amount in box 20 Lof Schedule K-1	partner	ownership
		country)	under section 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes N	5
	1										
	1										
	1										
							+				
	-										
]										
	1										
	1										
							\vdash			\vdash	_
	1										
	-										
	1										
	1										
										\vdash	1
	1										
	-										
							Ш			$\sqcup \bot$	
	1										
	1										
				- -						\vdash	1
	1										
	-										
	-										

Schedule R	R (Form 990) 2011	The Breast	Cancer	Charities	of America	26-4602950	Page 5
Part VII	(Form 990) 2011 Supplemental Info	ormation					
			-4: f		Calaadula D (aaa isaatsu		
	Complete this part to p	rovide additional inform	ation for respon	ises to questions on	Scriedule R (see instru	ictions).	

Form	990-T	Exempt Organization Business Income Tax Return									
Department of the Treasury			(and proxy tax und		Open to Public Inspection for						
	al Revenue Service	For c	alendar year 2011 or other tax year beginning		, and ending	501(c)(3) Organizations Only Employer identification number					
A L	Check box if address changed	<u> </u>						(Employees' trust, see instructions.)			
	kempt under section Print The Breast Cancer Charities of America						26-4602950				
X	501(C)(3) Or Number, street, and room or suite no. If a P.O. box, see instructions.							ated business activity codes astructions.)			
		e) 220(e) PO Box 132962									
	408A530(a) City or town, state, and ZIP code										
	∫529(a)		The Woodlands, TX 773	93							
	ok value of all assets end of year		p exemption number (See instructions.)	<u> </u>		104()					
ut	•	G Check	k organization type X 501(c) corporatio	n L	501(c) trust	401(a) trust		Other trust			
II Do	677,415.	n'o nrim	any unrelated business activity. Nano								
			ary unrelated business activity. None poration a subsidiary in an affiliated group or a pare	nt oubo	idiany controlled group?		Ye	s X No			
			tifying number of the parent corporation.	III-SubS	idiary controlled group?		1 16	S A INU			
			Breast Cancer Charities	: of	AmericaTelenh	one number 🕨 (281) 296-5755			
			de or Business Income	, 01	(A) Income	(B) Expenses		(C) Net			
	Gross receipts or sale		as or Business intollis	П	(-,	(=) = = = = =		(-)			
	Less returns and allo		c Balance	1c							
2			A, line 7)	2							
3			rom line 1c	3							
4 a			h Schedule D)	4a							
			Part II, line 17) (attach Form 4797)	4b							
			sts	4c							
5			ips and S corporations (attach statement)	5							
6	Rent income (Schedu	ule C)		6							
			ne (Schedule E)	7							
8	Interest, annuities, ro	yalties, a	and rents from controlled organizations (Sch. F)	8							
9	Investment income o	f a sectio	on 501(c)(7), (9), or (17) organization								
	(Schedule G)			9							
			ome (Schedule I)	10							
			e J)	11							
			ns; attach schedule.)	12							
			gh 12	13	0.						
Ра			ot Taken Elsewhere (See instructions for utions, deductions must be directly connected.)		•	s income.)					
14	Compensation of of	ficers, di	rectors, and trustees (Schedule K)				14				
15	Salaries and wages						15				
16	Repairs and mainter	nance .					16				
17	Bad debts						17				
18							18				
19	Taxes and licenses						19				
20			e instructions for limitation rules.)				20				
21			562)								
22			n Schedule A and elsewhere on return				22b				
23			managetica plane				23				
24			mpensation plans				24				
25			chedule I)				25				
26 27			26 27								
28	Excess readership of Other deductions (a		28								
20 29	Total deductions		29	0.							
30	Unrelated business		30	0.							
31	Net operating loss d		31								
32	Unrelated business		32	0.							
33		33	1,000.								
34	Specific deduction (Generally \$1,000, but see instructions for exceptions.) Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller										
	of zero or line 32			_			ایما	Λ			

02-24-12 LHA For Paperwork Reduction Act Notice, see instructions.

	THE DICASE	Cancer	CHALLCI		OI MICTI	cu		20 10	0233			
Part II	Tax Computation											
35	Organizations Taxable as Corpora	i tions. See instr	uctions for tax c	omput	ation.							
	Controlled group members (sections 1561 and 1563) check here See instructions and:											
а	Enter your share of the \$50,000, \$2	25,000, and \$9,	925,000 taxable	incom	e brackets (in that o	order):						
	(1) \$ (2) \$ (3) \$											
b	Enter organization's share of: (1) A	dditional 5% ta	x (not more than	\$11,7	50) [\$							
	(2) Additional 3% tax (not more the	an \$100,000)			\$		<u> </u>					
	Income tax on the amount on line 3							•	35c			0.
36	Trusts Taxable at Trust Rates. See	instructions fo	r tax computatio	n. Inco	me tax on the amo	unt on line 3	34 from:					
[Tax rate schedule or Schedule D (Form 1041)								36			
37	Proxy tax. See instructions											
									37			
	Total. Add lines 37 and 38 to line 3											0.
	/ Tax and Payments	00 01 00, 1111011	applico						1 00			
	Foreign tax credit (corporations att	ach Form 1118	trusts attach Fo	rm 111	16)	40a						
									-			
			801 or 8827)						+			
	Total credits . Add lines 40a throug					··· —			40e			
												0.
41	Subtract line 40e from line 39 Other taxes. Check if from: Fo	40EE	Form 0611] Other					<u> </u>
									42			0.
									43			0.
	Payments: A 2010 overpayment cr								_			
	2011 estimated tax payments								_			
	Tax deposited with Form 8868								_			
	eign organizations: Tax paid or withheld at source (see instructions) 44d 44e								4			
	Credit for small employer health ins			8941)		44f						
g	Other credits and payments:				 Total							
l	Form 4136		ther									
45	Total payments. Add lines 44a thro	ough 44g							45			
	Estimated tax penalty (see instructi								46			
	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed							47			0.	
	Overpayment. If line 45 is larger th								48			0.
	Enter the amount of line 48 you wa							funded 🕨	49			
Part V												
1 At an	y time during the 2011 calendar ye	ar, did the orga	nization have an	interes	st in or a signature o	or other aut	nority ov	er a financial a	ccount		Yes	No
(banl	k, securities, or other) in a foreign o	country? If YES,	the organization	n may h	nave to file Form TD	F 90-22.1,	Report o	f Foreign Bank	and			
Finar 2 During	icial Accounts. If YES, enter the na	me of the foreig	n country here 🖡	-								X
If YES	g the tax year, did the organization received, see instructions for other forms the organization	e a distribution fro anization may have	m, or was it the grain to file.	ntor of,	or transferor to, a foreig	gn trust?						Х
	the amount of tax-exempt interest											
Sched	ule A - Cost of Goods S	old. Enter m	ethod of inven			/A						
1 Inver	ntory at beginning of year	1		6	Inventory at end of	f year			6			
	hases	2		7	Cost of goods sold	d. Subtract	ine 6					
3 Cost	of labor 3				from line 5. Enter here and in Part I, line 2				7			
4a Addi	tional section 263A costs	4a		8	Do the rules of sec	tion 263A (with resp	ect to			Yes	No
b Othe	r costs (attach schedule)	4b			property produced	l or acquired	d for resa	ıle) apply to				
5 Tota	I. Add lines 1 through 4b	5			the organization?							
	Under penalties of perjury, I declare the	nat I have examine	d this return, includ	ling acco	ompanying schedules	and statement	s, and to	the best of my kn	owledge a	nd belief, it is	s true,	
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.								May the IR	S discuss this	s return	with
Here					Executive Dire							
	Signature of officer		Date		Title			i	nstruction	s)? X Y	es 🗀	No
	Print/Type preparer's name		Preparer's sign	nature		Date		Check	if PTI	N		
Paid								self- employed	ı			
	Cynthia J. Wi	11iams				06/25				01222	818	
Prepa	Firmle name A Jamos E Paftory, CDA DC						Firm's EIN		6-050			
Use O		606 N. Stapley Drive										
	Firm's address Mesa, AZ 85203							Phone no.	480	-835-	104	0

123711 02-24-12