

Critical Messages

- All address data entry must be complete. A valid address contains Address Line 1, City, State, and Zip Code. A valid Foreign address contains Address Line1 and Country Code. A valid city must only contain alpha characters. The zip code must be within the valid range(s) for the city and state entered.

Informational Messages

- Form 990, Part X, line 27 end of year unrestricted fund balance is calculated.
- If Schedule B is required, enter data on Screen SchB instead of Screen Income.
- Form 8868 for Form 990/990-EZ extension previously printed; verify extended due date in Screen Ext.
- Verify that any cash contributions from special events reported in the Direct folder that are subject to Schedule B reporting requirements have been entered on Screen SchB.
- Extensions for Forms 990 or 990-EZ AND 990-T must be electronically filed together. If only one extension is submitted at this time, then you may paper file the other extension at a later date.
- Preparer 'Thomas A Smith Jr', Staff 'Thomas Smith'
- Force field entered with data "145,184" on Screen Bal-2
- Force field entered with data "0" on Screen SchJ
- Force field entered with data "0" on Screen SchJ

Missing Data

	Prior Year Data
Expenses Directly Related to Income (Event to Live By)	
<input type="checkbox"/> Total %, supplies	11,813
Expenses Directly Related to Income (Golf Tournament)	
<input type="checkbox"/> Total %, other expenses	14,605
Expenses Directly Related to Income (Divas in Disguise)	
<input type="checkbox"/> Total %, other expenses	11,638
Income with Direct Expenses and Cost of Goods Sold (Golf Tournament)	
<input type="checkbox"/> Cash contributions	14,000
Income with Direct Expenses and Cost of Goods Sold (Divas in Disguise)	
<input type="checkbox"/> Purchases	18,795
General Options, Prior Year Revenue and Expenses, Penalties	
<input type="checkbox"/> Prior year grants expense	2,540

Overrides

- Overridden field with data "X" on Form 990

Forms 990 / 990-EZ Return Summary

For calendar year 2010, or tax year beginning _____, and ending _____

Beyond Boobs! Young Breast Cancer Survivors, Inc. **26-0606190**

Net Asset / Fund Balance at Beginning of Year		<u>111,064</u>
Revenue		
Contributions	<u>180,308</u>	
Program service revenue		
Investment income	<u>495</u>	
Capital gain / loss		
Special events:		
Gross revenue	<u>57,258</u>	
Direct expenses	<u>22,260</u>	
Net income	<u>34,998</u>	
Other income	<u>61,791</u>	
Total revenue		<u>242,594</u>
Expenses		
Program services	<u>130,931</u>	
Management and general	<u>30,566</u>	
Fundraising	<u>46,977</u>	
Total expenses		<u>208,474</u>
Excess / (deficit)		<u>34,120</u>
Other changes		
Net Asset / Fund Balance at End of Year		<u><u>145,184</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u><u>242,594</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u><u>208,474</u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>111,064</u>	<u>148,462</u>	
Liabilities		<u>3,278</u>	
Net assets	<u><u>111,064</u></u>	<u><u>145,184</u></u>	<u><u>34,120</u></u>

Miscellaneous Information

Amended return _____
 Return / extended due date **08/15/11**
 Failure to file penalty _____

Masters Accounting and Tax, Inc.
PO Box 14370
Newport News, VA 23608-0008
757-659-0812

June 23, 2011

CONFIDENTIAL

Beyond Boobs! Young Breast Cancer
Survivors, Inc.
1311 Jamestown Road 202
Williamsburg, VA 23185

Dear Members of the Board of Directors:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Masters Accounting and Tax, Inc.

Masters Accounting and Tax, Inc.
PO Box 14370
Newport News, VA 23608-0008
757-659-0812

June 23, 2011

CONFIDENTIAL

Beyond Boobs! Young Breast Cancer
Survivors, Inc.
1311 Jamestown Road 202
Williamsburg, VA 23185

For professional services rendered in connection with the preparation of the following tax forms
for year ending 12/31/10.

Amount due \$ 0.00

Filing Instructions

Beyond Boobs! Young Breast Cancer Survivors, Inc.

Exempt Organization Tax Return

Taxable Year Ended December 31, 2010

Date Due: August 15, 2011

Remittance: None is required. Your Form 990 for the tax year ended 12/31/10 shows no balance due.

Mail To: Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

If a private delivery service is used, mail to:
OSPC
1973 N. Rulon White Blvd.
Ogden, UT 84404

Signature: The return should be signed and dated on Page 1 by an officer representing the organization.

Other: Initial and date the copy of the return, and retain it for your records.

Form **990**

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)

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

OMB No. 1545-0047

2010

Open to Public Inspection

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

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

C Name of organization **Beyond Boobs! Young Breast Cancer Survivors, Inc.**
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1311 Jamestown Road 202
 City or town, state or country, and ZIP + 4
Williamsburg VA 23185

D Employer identification number
26-0606190

E Telephone number
757-645-2649

F Name and address of principal officer:
Rene R Bowditch
112 Meadow Rue Court
Williamsburg VA 23185

G Gross receipts \$ **281,224**

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

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

J Website: **www.beyondboobsinc.org**

K Form of organization: Corporation Trust Association Other **u**

L Year of formation: **2007**

M State of legal domicile: **VA**

H(c) Group exemption number **u**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	4
	6 Total number of volunteers (estimate if necessary)	6	217
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	130,677	180,308
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,216	495
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,134	61,791
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	152,027	242,594
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,445
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		106,527
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) u	46,977	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	103,159	98,502
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	103,159	208,474	
19 Revenue less expenses. Subtract line 18 from line 12	48,868	34,120	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	111,064	148,462
	22 Net assets or fund balances. Subtract line 21 from line 20	0	3,278
		111,064	145,184

Part II Signature Block

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

Sign Here

Signature of officer: **Thomas A. Smith, Jr.** Date: _____
 Treasurer
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **Thomas A Smith Jr** Preparer's signature: _____ Date: **06/23/11** Check if self-employed PTIN: **P00852965**

Firm's name: **Masters Accounting and Tax, Inc.** Firm's EIN: **26-1735330**
 PO Box 14370
 Firm's address: **Newport News, VA 23608-0008** Phone no.: **757-659-0812**

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

Part III 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:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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 exempt purpose achievements for each of the organization's three largest program services by expenses. 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 \$ including grants of \$) (Revenue \$)

Not Your Typical Support Groups

As young women who belong to a "club" no one wants to join, we know the value of sharing this journey with each other. We host monthly "Tea and Talk" meetings in our homes, where we serve healthy snacks and green tea along with generous helpings of encouragement and laughter. Friends and family members are always welcome to participate, too. We will help you start a grassroots support group for young women (diagnosed pre-menopause) in your own community with Beyond Boobs! In a Box.

H.I.P. Chicks on the Town

We organize a variety of group activities where young survivors gather to enjoy each other's company and forget about cancer for awhile. Dancing,

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

"A Calendar to LIVE By"

We distribute a Breast Health Manual, cleverly disguised as a useful and uplifting wall calendar and filled with information every woman needs to know to take charge of her breast health. They are available on our website, and every year we donate thousands of these life-saving manuals, our primary educational tool, to health departments, hospitals, schools, clinics, and to newly diagnosed women.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

Presentations

We offer lively, entertaining presentations on topics such as "How to be a Chick in Charge (of Your Breast Health)" and "How to Bloom Where You're Planted - Even if Your Pot is Cracked." Designed to encourage healthy living, our presentations will dispel fear and leave you smiling and inspired. And if you don't have a mic, we'll just speak up. :

4d Other program services. (Describe in Schedule O.)

(Expenses \$ **130,931** including grants of \$ **3,445**) (Revenue \$)

4e Total program service expenses **130,931**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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		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		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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		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		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		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	X	
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		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		
20b			

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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 Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		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 Schedule L, Part I		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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
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		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a	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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		<input checked="" type="checkbox"/>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at 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)	<input checked="" type="checkbox"/>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<input checked="" type="checkbox"/>
3b	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 account in a foreign country (such as a bank account, securities account, or other financial account)?		<input checked="" type="checkbox"/>
4b	If "Yes," enter the name of the foreign country: u 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?		<input checked="" type="checkbox"/>
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<input checked="" type="checkbox"/>
5c	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?		<input checked="" type="checkbox"/>
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).		
7a	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?	<input checked="" type="checkbox"/>	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<input checked="" type="checkbox"/>	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<input checked="" type="checkbox"/>
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<input checked="" type="checkbox"/>
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<input checked="" type="checkbox"/>
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<input checked="" type="checkbox"/>
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<input checked="" type="checkbox"/>
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.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	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		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		<input checked="" type="checkbox"/>
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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.

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

Section 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		
1b	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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	X	
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?		X
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		X
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?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u VA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **u Rene Bowditch** **1311 Jamestown Road Suite 202**
Williamsburg **VA 23185** **757-561-4749**

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.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Brian Freer Director	4.00	X					0	0	0	
(2) Faye Petro Gargiulo Director	1.00	X					0	0	0	
(3) Karen Reinthaler Director	1.00	X					0	0	0	
(4) Linda Thornhill Director	1.00	X					0	0	0	
(5) Rene Bowditch President	30.00	X		X			0	0	0	
(6) Thomas A Smith, Jr Treasurer	4.00	X		X			0	0	0	
(7) Tracy Dickson-Scott Director	1.00	X					0	0	0	
(8) Jan Hall Director	1.00	X					0	0	0	
(9) Wendy Owens Secretary	1.00	X		X			0	0	0	
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **u 0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **u 0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	23,553			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	156,755			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	u		180,308		
Program Service Revenue	2a		Busn. Code			
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	495			495
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)	u				
	8a Gross income from fundraising events (not including \$ 23,553 of contributions reported on line 1c). See Part IV, line 18	a	57,258			
	b Less: direct expenses	b	22,260			
	c Net income or (loss) from fundraising events	u	34,998			16,627
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a	15,058				
b Less: cost of goods sold	b	16,370				
c Net income or (loss) from sales of inventory	u	-1,312	-1,312			
Miscellaneous Revenue		Busn. Code				
11a Charitable Raffles			28,105	28,105		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u		28,105			
12 Total revenue. See instructions.	u		242,594	26,793	0	17,122

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).

Do not include amounts reported on lines 6b, 7b, 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 U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	3,445	3,445		
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	98,955	66,251	22,809	9,895
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	7,572	4,922	1,893	757
11 Fees for services (non-employees):				
a Management	10,800	9,180	540	1,080
b Legal	325	162	163	
c Accounting	510		408	102
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	935	747	94	94
13 Office expenses	6,923	2,383	1,340	3,200
14 Information technology	974	808	119	47
15 Royalties				
16 Occupancy	7,586	3,793	2,276	1,517
17 Travel	1,031	1,031		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,439	18,439		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	869	523	173	173
23 Insurance	2,469	1,235	617	617
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a COGS	28,165			28,165
b Calendar Purchases-Prog	15,610	15,610		
c Meals and Entertainment	1,008	1,008		
d Staff Training-Grants	845	337	85	423
e Networking Organizations	840	630		210
f All other expenses	1,173	427	49	697
25 Total functional expenses. Add lines 1 through 24f	208,474	130,931	30,566	46,977
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	78,605	1	63,304
	2	Savings and temporary cash investments	32,018	2	82,432
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	2,000
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,083		
		10a			
	b	Less: accumulated depreciation	1,357	441	726
		10b			
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14		
15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 34)	111,064	16	148,462	
Liabilities	17	Accounts payable and accrued expenses		17	3,278
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	3,278
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	111,064	27	145,184
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	111,064	33	145,184
34	Total liabilities and net assets/fund balances	111,064	34	148,462	

Part 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	242,594
2	Total expenses (must equal Part IX, column (A), line 25)	2	208,474
3	Revenue less expenses. Subtract line 2 from line 1	3	34,120
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	111,064
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
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	145,184

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **Beyond Boobs! Young Breast Cancer Survivors, Inc.** Employer identification number **26-0606190**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- 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?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

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

Schedule A (Form 990 or 990-EZ) 2010

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		30,441	83,765	130,677	180,308	425,191
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3		30,441	83,765	130,677	180,308	425,191
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						425,191

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4		30,441	83,765	130,677	180,308	425,191
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		4	858	1,216	495	2,573
9 Net income from unrelated business activities, whether or not the business is regularly carried on		19,631	26,610		10,821	57,062
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				55,308	10,103	65,411
11 Total support. Add lines 7 through 10						550,237

12 Gross receipts from related activities, etc. (see instructions) **12** 65,605

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part II, Line 10 - Other Income Detail

Other income \$ 55,308

Supplemental Information

Form 990, Part I, Line 6 (More about our Volunteers)

Volunteers assist in all aspects of our work, particularly the support work, of Beyond Boobs. They host our monthly support groups for the young breast cancer survivors we serve (we currently have 4 from Virginia Beach to Richmond, Virginia), connect with these young women by phone, email, and personal visits in between, plan fun events for the ladies to enjoy each other's company and support, accompany our ladies to doctor appointments and treatments (chemotherapy and radiation, for example), and provide meals, transportation, and other services as needed. They help Beyond Boobs create the "support systems" that nurture and encourage young women on their cancer journeys and beyond.

Volunteers also assist in program presentations (such as speaking engagements, health fairs, and exhibit booths), fund raising, administrative tasks, bookkeeping, distribution of educational materials, coordinating our retail inventory, gathering content for our Hope Totes, organizing retreats, staffing events such as our annual gala and annual run, serving on our speaker's bureau, and representing Beyond Boobs! at community events to help spread our educational messages of early detection and taking charge of your breast health.

Our volunteers come from the community, colleges and schools, and local

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

businesses in the areas we serve. They are young breast cancer survivors within our "support systems" who volunteer to help each other get through this "journey" of cancer, as well as men, women and young people who have never had cancer. We are continually humbled by the generosity of the many individuals and businesses that give of their time, talent and treasure to help Beyond Boobs fulfill its missions.

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

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

2010

Name of the organization Beyond Boobs! Young Breast Cancer Survivors, Inc.	Employer identification number 26-0606190
---	--

Organization type (check one):

- Filers of:** **Section:**
- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 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, aggregate 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 aggregate 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), 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 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 Beyond Boobs! Young Breast Cancer	Employer identification number 26-0606190
--	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Riverside Hospital Services Riverside Hospital Services 500 J Clyde Morris Boulevard Newport News VA 23601	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Rene R Bowditch Rene R Bowditch 112 Meadow Rue Court Williamsburg VA 23185	\$ 19,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Sentara Healthcare Sentara Healthcare 6015 Poplar Hall Drive Norfolk VA 23502	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

u Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2010

Department of the Treasury Internal Revenue Service

u Attach to Form 990. u See separate instructions.

Open to Public Inspection

Name of the organization: Beyond Boobs! Young Breast Cancer Survivors, Inc. Employer identification number: 26-0606190

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for yes/no questions.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form with checkboxes for purposes of conservation easements, and a table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form with rows 1a-1b and 2a-2b for reporting on art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment **u**
- b** Permanent endowment **u**
- c** Term endowment **u**

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		2,083	1,357	726
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) u				726

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	u	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	u	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2010

Open To Public Inspection

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

Name of the organization **Beyond Boobs! Young Breast Cancer Survivors, Inc.**

Employer identification number
26-0606190

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

.....

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
		<u>Event to Live B</u> (event type)	<u>Golf Tournament</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))
Revenue	1	33,656	24,713	19,632	78,001
	2	23,553			23,553
	3	10,103	24,713	19,632	54,448
Direct Expenses	4				
	5				
	6				
	7				
	8				
	9	5,297	12,892	4,071	22,260
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Combine line 3, column (d), and line 10 ▶				32,188

Part III 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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1				
Direct Expenses	2				
	3				
	4				
	5				
	6	<input type="checkbox"/> Yes % <input type="checkbox"/> No %	<input type="checkbox"/> Yes % <input type="checkbox"/> No %	<input type="checkbox"/> Yes % <input type="checkbox"/> No %	
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8	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? 9a Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Yes No

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
u Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization **Beyond Boobs! Young Breast Cancer
Survivors, Inc.**

Employer identification number
26-0606190

Form 990 - Organization's Mission or Most Significant Activities

MISSION

**TO PROVIDE SUPPORT FOR YOUNG WOMEN DIAGNOSED WITH BREAST CANCER BEFORE
MENOPAUSE AND BREAST HEALTH EDUCATION FOR ALL**

**I. "NOT YOUR TYPICAL" SUPPORT SYSTEMS FOR YOUNG WOMEN DIAGNOSED WITH
BREAST CANCER BEFORE MENOPAUSE**

Few resources exist to serve the unique needs of young women diagnosed with breast cancer and to connect them with local peers going through similar situations. Beyond Boobs fills a void with "not your typical" support for these young women that promotes healing of the mind and spirit as well as the body. Through the five (5) different programs described below under "SUPPORT," Beyond Boobs! has created, as a reproducible concept, grassroots community-based systems of support for young survivors who in the past felt isolated and overwhelmed by this dreadful disease. Through these networks, young women who have experienced this disease are successfully helping other young women get through breast cancer, and deal with the long-term issues of "survivorship."

II. BREAST HEALTH EDUCATION FOR ALL TO PROMOTE EARLY DETECTION

It was estimated that among U.S. women in 2010 there would be 207,090 new cases of invasive breast cancer, 54,010 new cases of in situ breast cancer and 39,840 breast cancer deaths. The key to surviving breast cancer is early detection, yet many women, though "aware" of breast cancer, aren't doing what they need to ensure finding it when it is most treatable because

Name of the organization

Beyond Boobs! Young Breast Cancer

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26-0606190

of fear, denial, lack of knowledge or busyness. Plus, young women often have delayed diagnoses because they don't know they need to be checking or their doctors dismiss their concerns based solely on age.

To address these issues, Beyond Boobs, a breast health, not breast cancer, organization, offers breast health education with a fresh new twist to reduce fear and motivate action through six (6) different programs described below under "EDUCATION." As an organization started by breast cancer survivors, we want women (and men) of all ages to "know the things we wish we had known" about taking charge of their breast health because it could save their life.

Form 990 - Additional Information

In Part I, Line 16b we show fundraising expenses of \$46,977. More than 50% of the funds expended in this category were for the purchase of an auto and other items that were raffled off. None of the fundraising expenditures were paid to third-party professional fund-raising organizations.

Form 990, Part I, Line 6

Volunteers assist in all aspects of our work, particularly the support work, of Beyond Boobs. They host our monthly support groups for the young breast cancer survivors we serve (we currently have 4 from Virginia Beach to Richmond, Virginia), connect with these young women by phone, email, and personal visits in between, plan fun events for the ladies to enjoy each other's company and support, accompany our ladies to doctor appointments and treatments (chemotherapy and radiation, for example), and provide meals, transportation, and other services as needed. They help Beyond Boobs create the "support systems" that nurture and encourage young women on

Name of the organization

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their cancer journeys and beyond.

Volunteers also assist in program presentations (such as speaking engagements, health fairs, and exhibit booths), fund raising, administrative tasks, bookkeeping, distribution of educational materials, coordinating our retail inventory, gathering content for our Hope Totes, organizing retreats, staffing events such as our annual gala and annual run, serving on our speaker's bureau, and representing Beyond Boobs! at community events to help spread our educational messages of early detection and taking charge of your breast health.

Form 990, Part III, Line 2

OUR PROGRAMS

SUPPORT

Not Your Typical Support Groups

As young women who belong to a "club" no one wants to join, we know the value of sharing this journey with each other. We host monthly "Tea and Talk" meetings in our homes, where we serve healthy snacks and green tea along with generous helpings of encouragement and laughter. Friends and family members are always welcome to participate, too. We will help you start a grassroots support group for young women (diagnosed pre-menopause) in your own community with Beyond Boobs! in a Box.

Beyond Boobs! In A Box

Find all you need to start your own "Not Your Typical" Support Group, wherever you are. Detailed instructions help you get started, spread the

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word, run a meeting, and find young survivors in your area. We even include a box of healthy green tea to get you going!

H.I.P. Chicks on the Town

We organize a variety of group activities where young survivors gather to enjoy each other's company and forget about cancer for awhile. Dancing, bowling, movies, dinners, or a play are just a few of the ways we come together and celebrate living.

Virtual Connection

Have a question? Need a friend? We connect people by phone, on-line, and in person. We provide referrals to many other support organizations and resources serving the needs of young women diagnosed with breast cancer.

"Hope in a Tote"

Our "Hope Tote" bag contains a collection of encouraging, fun, and useful gifts and items that will help ease the physical and emotional challenges that newly diagnosed women may encounter during treatment. We will even deliver these in person whenever we learn of a young woman who may benefit from this healthy dose of hope.

EDUCATION

"A Calendar to LIVE By"

Our annual Breast Health Manual cleverly disguised as a useful and uplifting wall calendar and filled with information every woman needs to know to take charge of her breast health. They are available on our

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Beyond Boobs! Young Breast Cancer

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26-0606190

website, and every year we donate thousands of these life-saving manuals, our primary educational tool, to health departments, hospitals, schools, clinics and to newly diagnosed women.

Have Mic? We'll Travel!

We offer lively, entertaining presentations on topics such as "How to be a Chick in Charge (of Your Breast Health)" and "How to Bloom Where You're Planted - Even if Your Pot is Cracked." Designed to encourage healthy living, our presentations will dispel fear and leave you smiling and inspired. And if you don't have a mic, we'll just speak up. :

Retail Therapy

Buy your own hip (hope, inspiration, power) ladies t-shirts with eye-catching, humorous slogans urging early detection and men's t-shirts showing their support of the women they love. We also offer hot pink BB! bracelets, mugs, and other fun products. Therapy has never been so fun!

Good Health Fairy Program

We believe that "A merry heart does good, like medicine." Our Good Health Fairies don colorful gowns, wings, and tiaras and use their sparkly wands to scatter joy (and fairy dust) everywhere they go! We have trained a flock of Fairies to visit patients in local hospitals and chemotherapy rooms and to flit about at health fairs and other events that promote good health. Contact us if you want to join them by spreading your wings and letting your inner Good Health Fairy fly.

Lights, Camera, (Breast Health) Action!

Beyond Boobs! creates fun, clever, public service announcements in the form

Name of the organization

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of videos promoting early detection. The pink ribbon has made us all aware, but that's not enough. At Beyond Boobs!, we take it to the next step by calling all women to ACTION and using our videos to show them how to begin.

"The Self-Exama-Disco Steps to Early Detection":

<http://www.youtube.com/user/beyondboobs>

Up Close and Virtual

To learn more about Beyond Boobs! programs, and to keep up with what's happening, where we've been, and where we're going, drop by for a visit.

Form 990, Part III, Line 4a - First Achievement

bowling, movies, dinners, or a play are just a few of the ways we come together and celebrate living.

Vital Connections

Have a question? Need a friend? We connect people by phone, on-line, and in person. We provide referrals to many other support organizations and resources serving the needs of young women diagnosed with breast cancer.

Form 990, Part III, Line 4d - All Other Achievements

See Items 1, 2, and 3.

Form 990, Part VI - Additional Information

Line 12b - Directors and Officers are not at this time required to disclose annually interests that could give rise to conflicts, but are required to disclose such interests at any time during the year if a situation arises that might create a conflict.

Line 13 - The organization has not in the past had a whistleblower policy

Name of the organization

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because we did not have more than one paid employee, but we will be implementing one in the future.

Line 14 - The organization has not in the past had a document retention and destruction policy, but we will be implementing one in the future.

Line 15a & 15b - We answered no to line 15b because we have no other officers or key employees for whom to determine compensation.

Form 990, Part VI, Line 2 - Related Party Information Among Officers

Thomas A Smith Jr

Rene R Bowditch

Owner

Client

Accounting and Tax Services

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The 2010 Form 990 was reviewed by the Finance Committee and the Audit Committee, and then emailed to every member of the Board of Directors for comments before being submitted to the IRS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Our written Conflict of Interest Policy is in our Board Binders, which have been distributed to every Director, and are updated as needed. For any decision that might involve a conflict of interest, we refer to and follow the Conflict Policy both in our meetings and individually.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

15a: Yes, the compensation for the office of Executive Director was determined (the last time was in 2008) through review and approval by the Board (only independent persons), comparability data of the amount paid to

Name of the organization

Beyond Boobs! Young Breast Cancer

Employer identification number

26-0606190

Executive Directors of similarly situated non-profits in our geographic area, and contemporaneous substantiation of the deliberation and decision according to the policy for setting compensation set forth in Appendix A to the organization's Bylaws.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Our form 1023 and Forms 990 (for the last 3 years) are available for public inspection upon request, and our 990 is on Guidestar's website.

Our governing documents, conflict of interest policy, and financial statements are available to the public upon request.

Form **4562**
 Department of the Treasury
 Internal Revenue Service

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No. 1545-0172

2010
 Attachment
 Sequence No. **67**

(99)

u See separate instructions.

u Attach to your tax return.

Name(s) shown on return **Beyond Boobs! Young Breast Cancer Survivors, Inc.**

Identifying number
26-0606190

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	577
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	177
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		577	5.0	HY	200DB	115
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	869
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2010)

26-0606190

Federal Asset Report

FYE: 12/31/2010

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
5-year GDS Property:									
2	Computer-Laptop	7/26/10	1,154		X	577	5 HY 200DB	0	692
			<u>1,154</u>			<u>577</u>		<u>0</u>	<u>692</u>
Prior MACRS:									
1	Computer and Software	10/31/09	929		X	464	5 MQ200DB	488	177
			<u>929</u>			<u>464</u>		<u>488</u>	<u>177</u>
	Grand Totals		2,083			1,041		488	869
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>2,083</u>			<u>1,041</u>		<u>488</u>	<u>869</u>

26-0606190

VA Asset Report

FYE: 12/31/2010

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	VA Prior	VA Current	Federal Current	Difference Fed - VA
5-year GDS Property:								
2	Computer-Laptop	7/26/10	1,154	1,154	0	231	692	461
			<u>1,154</u>	<u>1,154</u>	<u>0</u>	<u>231</u>	<u>692</u>	<u>461</u>
Prior MACRS:								
1	Computer and Software	10/31/09	929	929	46	354	177	-177
			<u>929</u>	<u>929</u>	<u>46</u>	<u>354</u>	<u>177</u>	<u>-177</u>
	Grand Totals		2,083	2,083	46	585	869	284
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>2,083</u>	<u>2,083</u>	<u>46</u>	<u>585</u>	<u>869</u>	<u>284</u>

26-0606190

AMT Asset Report

FYE: 12/31/2010

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
5-year GDS Property:									
2	Computer-Laptop	7/26/10	1,154		X	577	5 HY 200DB	0	692
			<u>1,154</u>			<u>577</u>		<u>0</u>	<u>692</u>
Prior MACRS:									
1	Computer and Software	10/31/09	929		X	464	5 MQ200DB	488	177
			<u>929</u>			<u>464</u>		<u>488</u>	<u>177</u>
Grand Totals			2,083			1,041		488	869
Less: Dispositions and Transfers			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>2,083</u>			<u>1,041</u>		<u>488</u>	<u>869</u>

26-0606190

Bonus Depreciation Report

FYE: 12/31/2010

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
1	Computer and Software	10/31/09	929		0	0	465	464
2	Computer-Laptop	7/26/10	1,154		0	577	0	577
	Form 990, Page 1		<u>2,083</u>		<u>0</u>	<u>577</u>	<u>465</u>	<u>1,041</u>
	Grand Total		<u>2,083</u>		<u>0</u>	<u>577</u>	<u>465</u>	<u>1,041</u>

Depreciation Adjustment Report**All Business Activities**

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	1	Computer and Software	177	177	0
Page 1	1	2	Computer-Laptop	<u>692</u>	<u>692</u>	<u>0</u>
				<u>869</u>	<u>869</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Prior MACRS:					
1	Computer and Software	10/31/09	929	105	105
2	Computer-Laptop	7/26/10	1,154	185	185
			<u>2,083</u>	<u>290</u>	<u>290</u>
Grand Totals			<u>2,083</u>	<u>290</u>	<u>290</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>VA</u>
Prior MACRS:				
1	Computer and Software	10/31/09	929	212
2	Computer-Laptop	7/26/10	<u>1,154</u>	<u>369</u>
			<u>2,083</u>	<u>581</u>
	Grand Totals		<u>2,083</u>	<u>581</u>

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest Income	\$ 495		14	VA		
Total	<u>\$ 495</u>					

Federal Statements

Form 990, Part IX, Line 24f - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
Solicitation Permits	\$ 400	\$	\$	\$ 400
Dues and Subscriptions	244	159	24	61
Volunteer Recognition Gi	231	208		23
Public Fund Raisers	213			213
Memorials	60	60		
SCC Annual Fee	25		25	
Total	<u>\$ 1,173</u>	<u>\$ 427</u>	<u>\$ 49</u>	<u>\$ 697</u>