

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

2012

Open to Public Inspection

A For the 2012 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.		D Employer identification number 26-0606190
Doing Business As Beyond Boobs!		E Telephone number 757-645-2649
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
1311 Jamestown Road	202	G Gross receipts \$ 402,742
City, town or post office, state, and ZIP code Williamsburg VA 23185		

F Name and address of principal officer:
Rene R Bowditch
1311 Jamestown Road Suite 202
Williamsburg VA 23185

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) () (insert no.) 4947(a)(1) or 527

J Website: **www.beyondboobs.org** **H(c)** Group exemption number

K Form of organization: Corporation Trust Association Other **L** Year of formation: **2007** **M** State of legal domicile: **VA**

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 2012 (Part V, line 2a)	5	6		
	6 Total number of volunteers (estimate if necessary)	6	286		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0	
b Net unrelated business taxable income from Form 990-T, line 34	7b		0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	255,682	Current Year	199,988
	9 Program service revenue (Part VIII, line 2g)				11
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		412		258
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		34,922		125,624
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		291,016		325,881
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		7,785		7,500
	14 Benefits paid to or for members (Part IX, column (A), line 4)				0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		145,906		185,149
	16a Professional fundraising fees (Part IX, column (A), line 11e)				0
	b Total fundraising expenses (Part IX, column (D), line 25)		44,269		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		111,851		95,115
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		265,542		287,764	
19 Revenue less expenses. Subtract line 18 from line 12		25,474		38,117	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	174,609	End of Year	214,019
	21 Total liabilities (Part X, line 26)		3,697		4,990
	22 Net assets or fund balances. Subtract line 21 from line 20		170,912		209,029

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	Date
	Rene R Bowditch Type or print name and title	President

Paid Preparer Use Only	Print/Type preparer's name Thomas A Smith Jr	Preparer's signature	Date 08/12/13	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN P00852965
	Firm's name Masters Accounting and Tax, Inc.	Firm's EIN 26-1735330		
	Firm's address PO Box 14370 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 SYSTEMS FOR YOUNG WOMEN DIAGNOSED WITH BREAST CANCER BEFORE MENOPAUSE

Through five (5) grassroots, peer support systems covering from Virginia Beach to Richmond, Virginia, and including Moyock, North Carolina, the health organization Beyond Boobs! is meeting the unique needs of young women diagnosed with breast cancer and helping them heal emotionally as well as physically. These needs include feeling isolated by having a typically older woman's disease, as well as issues of caring for young families and working while going through arduous treatments, premature menopause, fertility, dating, significant body changes, and coping with a

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

ATTENTION-GETTING BREAST HEALTH EDUCATION TO MOTIVATE WOMEN OF ALL AGES TO TAKE THE ACTION TO ENSURE EARLY DETECTION

Employing humor, a Good Health Fairy, a breast health manual disguised as a calendar, quirky videos, a lively speakers bureau, and eye-catching "retail therapy," Beyond Boobs! is saving lives by moving women of all ages past just "awareness" of breast cancer to take the actions to ensure early detection, which is the key to surviving this disease (approximately 40,000 women will die of breast cancer in the United States this year). Though "aware," many women because of fear, denial, lack of knowledge, or busyness (we call these the "Four Roadblocks") aren't doing what they need to find

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

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

(Expenses \$ **196,456** including grants of \$ **7,500**) (Revenue \$)

4e Total program service expenses **196,456**

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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 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, for escrow or custodial account liability; 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 temporarily restricted endowments, permanent endowments, 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 and XII		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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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 hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, 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		
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 11b 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?		X
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
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)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
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 as charitable contributions?		X
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?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
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?		X
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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	9		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	9		
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	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	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	Did the organization have local chapters, branches, or affiliates?	X	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?		X
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 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 **VA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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	3.00									
Board Member	0.00	X					0	0	0	
(2) Faye Petro Gargiulo	2.00									
Secretary	0.00	X		X			0	0	0	
(3) Karen Reinthaler	1.00									
Board Member	0.00	X					0	0	0	
(4) Linda S McKee	2.00									
Board Member	0.00	X					0	0	0	
(5) Rene Bowditch	40.00									
President	0.00	X		X			0	0	0	
(6) Thomas A Smith, Jr	2.00									
Treasurer	0.00	X		X			0	0	0	
(7) Tracy Dickson-Scott	1.00									
Board Member	0.00	X					0	0	0	
(8) Jan Hall	2.00									
Board Member	0.00	X					0	0	0	
(9) Bill Przybysz	1.00									
Board Member	0.00	X					0	0	0	
(10)										
(11)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										

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 **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. Report compensation for the calendar year ending with or within the organization's tax year.

(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 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(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	13,295				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	186,693				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		199,988				
Program Service Revenue	2a Program Income	Busn. Code	11			11	
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		11				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		258			258	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)						
	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)						
	8a Gross income from fundraising events (not including \$ 13,295 of contributions reported on line 1c). See Part IV, line 18	a		132,567			
		b Less: direct expenses	b	37,740			
	c Net income or (loss) from fundraising events			94,827			94,827
	9a Gross income from gaming activities. See Part IV, line 19	a		34,605			
b Less: direct expenses		b	17,825				
c Net income or (loss) from gaming activities			16,780			16,780	
10a Gross sales of inventory, less returns and allowances	a		34,692				
	b Less: cost of goods sold	b	21,296				
c Net income or (loss) from sales of inventory			13,396			13,396	
Miscellaneous Revenue		Busn. Code					
11a Reimbursed Expenses			395			395	
b Other Income			226			226	
c							
d All other revenue							
e Total. Add lines 11a-11d			621				
12 Total revenue. See instructions.			325,881	0	0	125,893	

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).

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

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	7,500	7,500		
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				
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	170,810	113,673	40,181	16,956
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	14,339	9,464	3,441	1,434
11 Fees for services (non-employees):				
a Management				
b Legal	1,410	1,410		
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	409	286		123
13 Office expenses	14,768	11,198	608	2,962
14 Information technology	4,148	4,148		
15 Royalties				
16 Occupancy	16,291	12,755	2,069	1,467
17 Travel	3,919	3,442		477
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	175	123	17	35
23 Insurance	4,788	2,538	192	2,058
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Calendar Purchases-Prog	12,962	12,962		
b Program Services-Restrict	10,985	10,985		
c Participant Expenses	6,879			6,879
d Food and Catering	4,348			4,348
e All other expenses	14,033	5,972	531	7,530
25 Total functional expenses. Add lines 1 through 24e	287,764	196,456	47,039	44,269
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	91,364	1	130,753
	2	Savings and temporary cash investments	82,809	2	83,005
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other 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). Complete Part II of Schedule L		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	4,101		
	b	Less: accumulated depreciation	3,840	436	261
	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)	174,609	16	214,019	
Liabilities	17	Accounts payable and accrued expenses	3,697	17	4,990
	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	Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3,697	26	4,990
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	170,912	27	201,014
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	8,015
	Organizations that do not follow SFAS 117 (ASC 958), 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	170,912	33	209,029	
34	Total liabilities and net assets/fund balances	174,609	34	214,019	

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	325,881
2	Total expenses (must equal Part IX, column (A), line 25)	2	287,764
3	Revenue less expenses. Subtract line 2 from line 1	3	38,117
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	170,912
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	209,029

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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		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.		
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

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	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 monetary 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) 2012

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)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	83,765	130,677	180,308	255,682	199,988	850,420
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	83,765	130,677	180,308	255,682	199,988	850,420
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.						850,420

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	83,765	130,677	180,308	255,682	199,988	850,420
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	858	1,216	495	412	258	3,239
9 Net income from unrelated business activities, whether or not the business is regularly carried on	26,610		10,821			37,431
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		55,308	10,103	18,705	201,864	285,980
11 Total support. Add lines 7 through 10						1,177,070

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

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 2012 (line 6, column (f) divided by line 11, column (f))	14	72.25 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

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

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

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

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 \$ **84,116**

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

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

OMB No. 1545-0047

2012**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 foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

-
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

-
- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33
- ¹
- /
- ₃
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of
- (1)**
- \$5,000 or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

-
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

-
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the
- General Rule**
- applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Beyond Boobs! Young Breast Cancer	Employer identification number 26-0606190
---	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	The Lester & Sue Smith Foundation PO Box 52890 Houston TX 77052	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Rene Roark Bowditch 112 Medaow Rue Court Williamsburg VA 23185	\$ 15,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Old Dudes Motorcycle Club 577 Beach Drive Newport News VA 23601	\$ 9,470	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)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

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

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, number of easements, acreage, and monitoring expenses.

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.

Table with 2 columns: Question, Amount. Rows include questions about reporting works of art and historical treasures, and amounts for revenues and assets.

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 XIII.

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 XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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 XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the 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 current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment
 - b** Permanent endowment
 - c** Temporarily restricted endowment
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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

Description of property	(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		4,101	3,840	261
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) **261**

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.)		

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.)		

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.)	

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

1. (a) Description of liability	(b) Book value	
(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.)		

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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	
		Golf Tournament <small>(event type)</small>	Ten K Run <small>(event type)</small>	3 <small>(total number)</small>	<small>(add col. (a) through col. (c))</small>	
Revenue	1	Gross receipts	51,704	38,758	55,400	145,862
	2	Less: Contributions			13,295	13,295
	3	Gross income (line 1 minus line 2)	51,704	38,758	42,105	132,567
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	7,878	4,114	25,748	37,740
	10	Direct expense summary. Add lines 4 through 9 in column (d)				37,740
11	Net income summary. Combine line 3, column (d), and line 10				94,827	

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))	
		1	Gross revenue			34,605
Direct Expenses	2	Cash prizes				
	3	Noncash prizes			16,430	16,430
	4	Rent/facility costs				
	5	Other direct expenses			1,395	1,395
6	Volunteer labor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.00 % <input type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d)				17,825	
8	Net gaming income summary. Combine line 1, column d, and line 7				16,780	

9 Enter the state(s) in which the organization operates gaming activities: **VA**

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain:

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

b If "Yes," explain:

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Avon Foundation for Women 1345 Avenue of the Americas New York NY 10105-0196		501(c)	7,000				Medical Research
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **2**

3 Enter total number of other organizations listed in the line 1 table

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012Open to Public
Inspection**Beyond Boobs! Young Breast Cancer
Survivors, Inc.**Employer identification number
26-0606190**Form 990 - Organization's Mission or Most Significant Activities**

Mission: Beyond Boobs! is dedicated to healing and saving lives by supporting young women diagnosed with breast cancer while providing breast health education for all.

Our slogan, "UNTIL THERE'S A CURE, THERE'S US," expresses the relational and educational exempt purposes Beyond Boobs! was created to meet. While we wait for a cure for breast cancer, our young survivors are walking this difficult "road" with each other, while reaching a hand back to ease the journey for newly diagnosed women as well. Beyond Boobs! is also doing everything it can to make sure that all women are not just aware of, but are actually doing what they need to ensure early detection and manage their risk of breast cancer.

Form 990 - Additional Information

In Part I, Line 16b we show fundraising expenses of \$43,402. 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 run our Support Systems for the young breast cancer survivors we serve (we currently we have four in Virginia and one in North Carolina, with more starting soon). As Support System

Name of the organization

Beyond Boobs! Young Breast Cancer

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Facilitators these volunteers host our monthly "not your typical" support group gatherings, connect with these young women by phone, email, personal visits and private Facebook groups 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 coordinate the provision of 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 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.

In 2012, volunteers contributed a total of 8,549 hours to the work of Beyond Boobs! The staff contributed 1,539 volunteer hours in addition to their paid time, and one of the co-founders contributed 1,208 hours of volunteer time. Our "Full Support" Volunteers (committed to working in the office at least one day per week) contributed a total of 3,783 hours, and our event related volunteers added another 2,019 hours.

A number of volunteers provide specialized skills that are so critical to

Name of the organization

Beyond Boobs! Young Breast Cancer

Employer identification number

26-0606190

the organization's operations that were they not provided at no cost by these volunteers, we would have to pay for these services by a salaried person or professional consultant. The Board of Directors of Beyond Boobs!, in order to recognize and quantify the contributions of these specialized volunteers, had their donated time measured and valued based on skill level, reviewed the valuations, and by resolution approved them, thus meeting all of the criteria required for accrual under Generally Accepted Accounting Principles as determined by the American Institute of CPAs. The value of the services of these volunteers was \$228,926 in 2012. This total, if allowed to be included in the tax return as income, would be apportioned \$178,709 to Program Services, \$42,092 to Fund Raising Activities, and \$ 8,125 to Administrative Activities. The inclusion of the value of these donated services in this tax return would change the total expenditure percentages in each category as follows: Program Activities - from 69% to 72.6 %, Fund Raising Activities - from 15% to 16.7 %, and Administrative Activities - from 16% to 10.7 %. Thus, if allowed to include the value of these specialized volunteer services we otherwise would have had to hire, our percentage allocation of cash expenditures would be more heavily weighted toward the Program Services category and much reduced in the Administrative category.

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

life threatening/life changing illness at a young age. By bringing these young women together we provide them with a community of "sisters" who are successfully helping each other get through breast cancer and deal with the long-term issues of "survivorship." They share tears and laughter, experiences, up-to-date knowledge, encouragement, and greatest of all,

Name of the organization

Beyond Boobs! Young Breast Cancer

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26-0606190

hope. After these bonds are formed, the positive effects begin to spill over into their families, whose members frequently become involved in Beyond Boobs! activities as well.

Our unique "support systems" provide the vehicle for these women to come together and love each other through breast cancer and beyond. There are a variety of organizations focused on research, or screening, or awareness, but we provide the services that are needed by the women with breast cancer NOW - love and hope. And by helping them, we are also helping their families, and ultimately our communities."

In 2012, we provided support for 405 young women through monthly gatherings for "Tea and Talk" in the personal atmosphere of homes, referrals to community resources, uplifting retreats, "girls' nights out" for fun and laughter, connections to each other to share information and encouragement, and "Hope Totes" of useful items during treatment for the newly diagnosed. Beyond Boobs! lightened the load of young women battling this disease and helped them thrive, not just survive, through a measured number of "units of service" (interactions with individual women) this year:

"Individual Attention (phone calls/emails/in person visits) - 59,236

"Support Group Gatherings - 671

"H.I.P. Chick Activities ("Girl's Nights Out") - 140

We also hosted one weekend retreat for 54 of our young women, took 16 of our ladies to the Young Survivors' Conference in New Orleans, and held five support group meetings every month.

Our longer-term goal for our support program is to secure funding and take

Name of the organization

Beyond Boobs! Young Breast Cancer

Employer identification number

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these reproducible, community-based peer support systems to other localities across the country, and eventually internationally, so that more young women may benefit from our unique brand of encouragement during treatment and beyond, when it is often needed even more. As an organization started by two survivors as a result of their own experiences with breast cancer at a young age, our goal is to make sure that any young woman diagnosed with breast cancer has access to all the love, support, and friendship she needs from her peers who have traveled the same scary, life-altering journey before her.

Form 990, Part III, Line 4b - Second Accomplishment

breast cancer early, when it is most treatable. In addition, 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. The current objective of this educational program service of Beyond Boobs! is to offer breast health education with a fresh, new twist to get women past these "roadblocks" and to motivate them to employ lifesaving early detection actions. We even use humor to encourage the men in their lives to help ("Early Detector Inspectors").

Following are a number of ways we spread our breast health message in the areas we currently serve and even beyond.

"A Calendar to LIVE By" - Each year we produce our main educational tool, a "breast health guide" disguised as beautiful, inspiring wall calendar of young survivors that we fill with information every woman needs to know to take charge of her breast and general health, what to do if you've been

Name of the organization

Beyond Boobs! Young Breast Cancer

Employer identification number

26-0606190

diagnosed, and how to help someone who is going through it. Of the 10,500 printed for 2012, we donated or distributed 80% to health departments, hospitals, schools, free clinics, and newly diagnosed women in the communities we serve.

Educational Speakers Bureau/Health Events Outreach -- We offer lively, entertaining (yes, even breast health can be entertaining!) presentations on topics such as "How to be a Chick in Charge of Your Breast Health" and "How to Bloom Where You are Planted Even If Your 'Pot' is Cracked." Designed to encourage healthy living and to share the things we learned from having breast cancer, our presentations dispel fear and leave listeners smiling and inspired. Through an active Speakers Bureau, Beyond Boobs! did 50 speaking engagements or health fairs in 2012 reaching approximately 3,024 attendees (who then took our health information and calendars distributed to an estimated equal or greater number of additional people in their work and/or home settings).

Social Media Outreach - We effectively use social media to reach many more people than we could otherwise with our educational messages, reminders to do the actions required for early detection, and inspiration to live life to the fullest. We consistently posted (generally on a daily basis) to our BB! Facebook Fans throughout the year (6,825 Fans at Year End), and sent out thirty one (31) different electronic newsletters throughout the year to approximately 3,793 Constant Contact email addresses (with an average of 24% of Opens) each time. These newsletters contained information about our activities, health tips and information, healthy recipes, the latest breast cancer research updates, and inspiring stories about our young ladies.

Name of the organization

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Community Outreach - Through a number of events sponsored just by Beyond Boobs! and other events in partnership with various community organizations and businesses to benefit Beyond Boobs!, we spread our educational mission and messages throughout the areas we serve, with the result that more women are taking the steps to ensure early detection (this result is anecdotal based on the reports of women who let us know). Following is a list of those 2012 events with attendance estimates:

Beyond Boobs! Annual Events

Event	Location	Attendance (2012)
"Starlets on Stage Fashion Show/Dance"	Norfolk	225
"Breast Ball Golf Tournament"	Williamsburg	325
"Petals for the Cure Bike Ride"	Newport News	250
10K Run for Breast Health	Williamsburg	500

Community Events Partnering with Beyond Boobs! in 2012**Total Events 39**

Recognition Received in 2012 - Our breast health educational messages reached an un-measurable number of women (and men) in 2012 through articles about Beyond Boobs! in numerous media outlets.

Our longer-term educational goals are to take our unique brand of breast health education nationwide with more national recognition and national speaking opportunities. We believe that our unique breast health education, which is "wrapped" in a more palatable package than education about awareness of breast cancer, will actually save more lives by motivating the

Name of the organization

Beyond Boobs! Young Breast Cancer

Employer identification number

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action necessary to ensure early detection.

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

See Items 1, and 2.

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 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

Masters Accounting and Tax Services Rene R Bowditch

Owner Client

Accounting and Tax Services

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

The 2012 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.

Name of the organization

Beyond Boobs! Young Breast Cancer

Employer identification number

26-0606190**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. In addition, Directors, Officers, and Key Employees must annually sign a Conflicts Statement affirming they have received, read, and understand, and are complying with Beyond Boobs! Conflicts' Policy.

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 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

Beyond Boobs!' Forms 990 (for the last four years), Form 1023, governing documents, Permission to Solicit in Virginia, and IRS 501(c)(3) Determination Letter are available to the public upon request. Previous Form 990s are also available on our website at www.beyondboobs.org and Guidestar's website.

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2012

Department of the Treasury
Internal Revenue Service (99)

See separate instructions.

Attach to your tax return.

Attachment Sequence No. **179**

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 2011 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 2013. 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	
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 2012	17	175
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 2012 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						
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	
				MM	S/L	

Section C—Assets Placed in Service During 2012 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	175
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** (2012)

26-0606190

Federal Asset Report

FYE: 12/31/2012

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:										
1	Computer and Software	10/31/09	929			X	464	5 MQ200DB	770	64
2	Computer-Laptop	7/26/10	1,154			X	577	5 HY 200DB	877	111
3	Computer and Software	12/23/11	2,018			X	0	5 MQ200DB	2,018	0
			<u>4,101</u>				<u>1,041</u>		<u>3,665</u>	<u>175</u>
Grand Totals			4,101				1,041		3,665	175
Less: Dispositions and Transfers			0				0		0	0
Less: Start-up/Org Expense			0				0		0	0
Net Grand Totals			<u>4,101</u>				<u>1,041</u>		<u>3,665</u>	<u>175</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	\$ 258			14 VA		
Total	<u>\$ 258</u>					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Merchant Service Fees	\$ 3,883	\$ 2,369	\$	\$ 1,514
Participant Expenses	2,090			2,090
Meals and Entertainment	1,910	1,757	115	38
Venue/Operations	1,803			1,803
Venue/Operations	942			942
Networking Organizations	626	570	44	12
Gifts	472	472		
Dues and Subscriptions	321	170	135	16
Venue/Operations	300			300
Food and Catering	300			300
Reconciliation Adjustment	239	239		
Staff Development	205	195	10	
Corporate Registration	200		200	
Volunteer Costs	180			180
Food and Catering	162			162
Other Costs	111			111
Other Program Services	100	100		
Volunteer Recognition	83	83		
Other	43			43
Personal Property Taxes	27		27	
Event Volunteers	19			19
Volunteer Expenses	17	17		
Total	\$ 14,033	\$ 5,972	\$ 531	\$ 7,530

Federal Statements

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
Calendar Sponsorships	\$ 66,670
Individual Donors	19,692
Restricted Gifts/Grants	9,530
Matching Gifts	21,096
Pinkwell Donation	7,365
The Lester & Sue Smith Foundation	
Cash Contribution	25,000
Rene Roark Bowditch	
Cash Contribution	15,500
Old Dudes Motorcycle Club	
Cash Contribution	9,470
Petals for the Cure	
Cash Contribution	13,295
Bunco	
Cash Contribution	12,370
Total	<u>\$ 199,988</u>

Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
Interest Income	\$ 258
Total	<u>\$ 258</u>

Federal Statements

Schedule A, Part II, Line 9(e)

<u>Description</u>	<u>Amount</u>
Program Income	\$ 11
Other Income	226
Reimbursed Expenses	395
Less: Deductions	<u>-1,000</u>
Total	<u>\$ -368</u>

Schedule A, Part II, Line 10(e)

<u>Description</u>	<u>Amount</u>
Event to Live By	\$ 24,810
Calender & T- Shirt Sales	34,692
Golf Tournament	51,704
Fashion Show	17,295
Charitable Raffles	34,605
Ten K Run	38,758
Petals for the Cure	
Bunco	
Total	<u>\$ 201,864</u>

Federal Statements

Charitable Raffles

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
Raffle Tickets	\$ <u>154</u>
Total	\$ <u><u>154</u></u>

Forms 990 / 990-EZ Return Summary

For calendar year 2012, or tax year beginning _____, and ending _____

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

Net Asset / Fund Balance at Beginning of Year		<u>170,912</u>
Revenue		
Contributions	<u>199,988</u>	
Program service revenue	<u>11</u>	
Investment income	<u>258</u>	
Capital gain / loss		
Special events:		
Gross revenue	<u>167,172</u>	
Direct expenses	<u>55,565</u>	
Net income	<u>111,607</u>	
Other income	<u>125,624</u>	
Total revenue		<u>325,881</u>
Expenses		
Program services	<u>196,456</u>	
Management and general	<u>47,039</u>	
Fundraising	<u>44,269</u>	
Total expenses		<u>287,764</u>
Excess / (deficit)		<u>38,117</u>
Other changes		
Net Asset / Fund Balance at End of Year		<u><u>209,029</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>325,881</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>287,764</u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>174,609</u>	<u>214,019</u>	
Liabilities	<u>3,697</u>	<u>4,990</u>	
Net assets	<u><u>170,912</u></u>	<u><u>209,029</u></u>	<u><u>38,117</u></u>

Miscellaneous Information

Amended return _____
Return / extended due date **08/15/13**
Failure to file penalty _____