Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form 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 fruits or private foundation) Sponsoring organizations of dohor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

Open to Public Inspection

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SOMERVILLE NJ 08876 Number] Term	ninated		00	866	622-6237
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Website: BCPINSTITUTIF.ORG Total states (check only one X 501(c)(3) 501(c) (msert no.) 4947(a)(1) or 527 (rorm 990, 990-E2, or 990-PF).			Applic	cation pending	SOMERVILLE, NJ 08876		Number 🕽	>
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K Check In the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-PZ or Form 990 retion is not required through Form 990-M (e-postard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines \$6, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (8) below an \$500,000 or more, file Form 990 instead of Form 990-FZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule 0 to respond to any question in this Part I	I	٧	Vebsi	te: 🕨 <u>B</u>	SCPINSTITUTE.ORG		required to	attach Schedule B
\$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L. Add lines 5b, 6c, and 7b, to file 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, Inne 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part L). Check if the organization used Schedule 0 to respond to any question in this Part I	<u>J</u>		ax-ex	cempt stati	tus (check only one) — X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or	527	(Form 990	, 990-EZ, or 990-PF).
a return, be sure to file a complete return. L Add lines 56, 6c, and 7b, to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II) line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-62 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I. Contributions, gifts, grants, and similar amounts received 1	K	C	heck		if the organization is not a section 509(a)(3) supporting organization or a section 527 organization a	ınd its gr	oss receipts	are normally not more than
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P	art II Balance Sheets. (see the instructions for Part II.)	1					
	Check if the organization used Schedule O to res	pond to any ques	stion in this Part II				\mathbf{x}
•			(A) Beginning of year		(B) E	nd of yea	r
22	Cash, savings, and investments		9,195	. 22		34,	630.
23				23			
24		,	215				129.
25	· · · · · · · · · · · · · · · · · · ·	<u> </u>	9,410				759.
26			0.			<u> </u>	0.
		-	9,410	_		3.1	759.
27 D	art III Statement of Program Service Accomplishme	nts (see the instru					133.
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	Check if the organization used Schedule O to res		SUOIT III UIIS FAIT III	لما	501(c)(3)		
wn	at is the organization's primary exempt purpose? SEE SCHEDULE O	<u> </u>			organizatio		
	cribe the organization's program service accomplishments for each of its three largest program liner, describe the services provided, the number of persons benefited, and other relevant inform		enses in a clear and concise		4947(a)(1) for others.		риопаг
		ation for each program title			1	<u> </u>	
28	SEE SCHEDULE O						
	.,						
	(Grants \$) If this amount includes foreign of	rants, check here .	_ ▶		28a		
29							
		· -· · · · · · · · · · · · · · · · · ·					
	(Grants \$) If this amount includes foreign of	rants, check here	•		29a		
30	,	,					
•				_			
	(Grants \$) If this amount includes foreign of	roote sheek bere			30a		
		rants, check here .	·		JUA		
31	Other program services (describe in Schedule O)						
	(Grants \$) If this amount includes foreign of	rants, check here	<u>.</u>	<u> </u>	31a		
	Total program service expenses (add lines 28a through 31a)	mployoon			32		0.
	art IV List of Officers, Directors, Trustees, and Key E					or Part IV)	<u></u>
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res	pond to any ques	stion in this Part IV		instructions fo		
	art IV List of Officers, Directors, Trustees, and Key E	pond to any ques (b) Title and average ho	etion in this Part IV	(d) Hea	instructions fo	(e) Est	mated
	art IV List of Officers, Directors, Trustees, and Key E	(b) Title and average ho per week devoted to	ours (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Hea	instructions for alth benefits, ibutions to eyee benefit	(e) Est	imated of other
	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and address	pond to any ques (b) Title and average ho	ours (c) Reportable compensation (Forms	(d) Heacontri contri emplo plans, a	instructions for alth benefits, ibutions to	(e) Est	imated of other
Pa	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and address	(b) Title and average ho per week devoted to	ours (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Heacontri contri emplo plans, a	instructions for alth benefits, ibutions to yee benefit and deferred	(e) Est	imated of other
P:	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and address	(b) Title and average ho per week devoted to position	ours (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Heacontri contri emplo plans, a	instructions for alth benefits, ibutions to yee benefit and deferred	(e) Est	imated of other
AN RC	Check if the organization used Schedule O to res (a) Name and address NGELA LAFRANCHI MD, 131 KOSCINSKO DAD, WHITEHOUSE STATION, NJ 08889	(b) Title and average ho per week devoted to position	DUIS (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heacontri contri emplo plans, a	alth benefits, butions to yee benefit and deferred pensation	(e) Est	imated of other nsation
AN RC	Check if the organization used Schedule O to res (a) Name and address NGELA LAFRANCHI MD, 131 KOSCINSKO DAD, WHITEHOUSE STATION, NJ 08889 ARY DAVENPORT MD, 4440 SAN PABLO	(b) Title and average ho per week devoted to position PRESIDENT 0.00 SECRETARY	DUIS (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heacontri contri emplo plans, a	anstructions for alth benefits, ibutions to yee benefit and deferred pensation	(e) Est	emated of other resation
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	1990-EZ (2011) BREAST CANCER PREVENTION INSTITUTE 14-1814			Page 3
Pa	Other Information (Note the Schedule A and personal benefit contract statement requirement			
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in the	is Pa	rt V	X
•			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule 0	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	<u>N/</u>	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
	Did the organization file Form 1120-POL for this year?	37Ь		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			-
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	if "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	(l		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 . ; section 4912 ▶ 0 .			
D	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?	l l		
	If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
a	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	i l		
_	organization • O .			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	ا 🚛 ا		
44	transaction? If "Yes," complete Form 8886-T	40e	<u>.</u>	X
41	List the states with which a copy of this return is filed. ► NY The organization's books are in care of ► ORGANIZATION Telephone no. ► 866 62	2 6	227	
42 a		887		
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	00/	<u> </u>	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	ſ	Ves	No
	account)?	42b	103	X
	If "Yes," enter the name of the foreign country:	720		-^ -
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		x
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•	
	1 1	N/A		
	<u></u>			
		ſ	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation		-	
_	ın Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			T
_	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		<u> </u>
	* -	Form 99	90-EZ	(2011)

Form 990-EZ (2011) BREAST CANCER	PREVENTION	INSTIT	UTE		<u> 14-1814)</u>	<u>.13</u>		Page 4
•						_		Yes	No
	rganization engage, directly or indirectly, in	political campaign activitie	es on behalf of	or in opposition	to candidates for pi	ublic office?		-	
	complete Schedule C, Part I	1 1 40	177 \74\				46		<u> </u>
	Section 501(c)(3) organizatio			-		=			(c)(3)
	organizations and section 4947(a)(1) r	-		' - '		and complete t	ne tal	oles	
	for lines 50 and 51 Check if the organ	nization used Schedule	O to respond	to any quest	ion in this Part VI			V	
5.1.1					0404	a . a a [Yes	-
	rganization engage in lobbying activities or				ar? If "Yes," complete	e Sch. C, Part II	47		X
	panization a school as described in section			Dule E		-	48		X
	rganization make any transfers to an exemp		ganization			- F	49a		X
	vas the related organization a section 527 o		\ather then o	fficara directora	trustees and key or		49b	onrod i	
	e this table for the organization's five highes 0,000 of compensation from the organization		•	incers, anectors	, irusiees and key ei	iipioyees) wiio ea	CIFFEC	eiveu i	HUIE
шан ф ю	(a) Name and address of each empl		1	average hours	(0) 0	(d) Health benefits	T (0)	Ectim	
	paid more than \$100,000	luyee		devoted to	(C) Reportable compensation (Forms	contributions to employee benefit	itions to amount of other		
	N	ONE	1 '	sition	W-2/1099-MISC)	Cimpley of Delicin		npens	
		ONE				compensation	+		
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			i				1		
f Total nur	nber of other employees paid over \$100,00	0		>					
51 Complete	e this table for the organization's five highes	st compensated independe	nt contractors	who each recen	ved more than \$100,	000 of compensa	tion fr	om the	e
organizat	tion. If there is none, enter "None." No	ONE							
(a) Name an	d address of each independent contractor p	oald more than \$100,000		(b) Type o	f service	(c) C	ompe	nsatio	n
	** ***								
	<u> </u>								
	nber of other independent contractors each								
	rganization complete Schedule A? Note: Al		ati						
Under penalties of	e trusts must attach a completed Schedule of perjury, I declare that I have examined this poturn	Including accompanying sche	duli						
Declaration of pre	eparer (other than officer) is based on all information	of which preparer has any kno	wie						
Sign	Signature of officer	<u>~</u>							
Here									
	ANGELA LANFRANCHI Type or print name and title	, PRESIDENT							
	Print/Type preparer's name	Preparer's signature							
Paid	1 '' '	Preparer Salgitature							
	DONALD A. HILKER,	A Wal Lall							
Preparer Use Only	CPA	WARDIE TTO							
OSE Office	Firm's name THE MIRONO								
	Firm's address > 2025 LINC								
May the IDO 1	EDISON, No								
May the IRS di	scuss this return with the preparer shown a	above / See instructions							

SCHEDULE A (Form 990 or 990-EZ)

.
Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2011

Name of t	the organizati	on	· · · · · · · · · · · · · · · · · · ·					E	mployer ic	lentification	on nu	mber
			CANCER PREVE						14	-1814	<u> 113</u>	
Part I	Reason	for Public Chari	ty Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.				
The organ	ization is not a	a private foundation t	pecause it is: (For lines 1	1 through 1	11, check o	only one b	ox.)					
1 🖳	A church, co	nvention of churches	s, or association of churc	ches desc	ribed ın se	ction 170	(b)(1)(A)(i)					
2 🔲	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🔲	A hospital or	a cooperative hospit	al service organization o	described i	in section	170(b)(1)((A)(iii).					
4	A medical res	search organization o	perated in conjunction	with a hos	pital descr	ıbed ın se	ction 170	(b)(1)(A)(ii	i). Enter th	e hospital'	s nam	10,
	crty, and stat											
5	An organizati	on operated for the I	penefit of a college or ur	niversity ov	wned or op	erated by	a govern	nental unr	t described	ni t		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🖳	A federal, sta	te, or local governme	ent or governmental und	t described	d in sectio	n 170(b)(1	I)(A)(v).					
7 X												
	section 170(b)(1)(A)(vi). (Complet	te Part II.)									
8 📙	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🔲	•	•	eives: (1) more than 33 1							-	-	
		-	ictions - subject to certa							_		
			exable income (less sect	tion 511 ta	x) from bu	sinesses a	ecquired b	y the orga	nızatıon af	ter June 3	0, 197	75
		509(a)(2). (Complete										
10	-	-	erated exclusively to te					•				
11	•	•	erated exclusively for the		•				•	•		or
			tions described in section.				2). See se c	ction 509(a	a)(3). Chec	k the box	that	
		· · · · · · · · · · · · · · · · · · ·	organization and comple						. —			
	a Type		- ,,	Тур		•	•			Type III - C		
e 📖		•	t the organization is not		-	•	•		•			ın
		•	nan one or more publicly		-				a)(1) or se	ection 509	(a)(2).	
f	•		ten determination from t	ine ins tha	atitisaiy	ре і, туре	ii, or Type)				
_	•	rganization, check th				from one	of the fall					
g	•		rganization accepted ar irectly controls, either al			•				1	Yes	No
			rectly controls, either an apported organization?	one or tog	eulei willi	persons u	iescribeu i	iii (ii) aiiu (i	iii) below,	11g(i)	162	No
	_		described in (i) above?	,						11g(ii)		<u> </u>
		•	person described in (i) of		2					11g(iii)		\vdash
h	` '	•	about the supported or	• •						119(11)		
"	1 TOVIGE LITE I	ollowing information	about the supported of	garnzation	(3)							
(!) Name	of ourse arted	CIN FIN	(iii) Type of	(iv) Is the c	organization	(v) Did voi	i notify the	(vi) Is	the	(v::\ Am	ount o	٠,
	of supported anization	(ii) EIN	organization		sted in your			organization (i) organiz	on in col. I	(vii) Am supp)
or go	ameation		(described on lines 1-9 above or IRC section	governing	document?	(i) of your	support?	U.S	.?"""	Cup	,,,,	
			(see instructions))	Yes	No	Yes	No	Yes	No			
						_						
	<u>=:</u>											
									 			
Total								,				

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2011 BREAST CANCER PREVENTION INSTITUTE 14-1814113 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")	19,289.	22,147.	40,018.	26,024.	40,902.	148,380.
2	Tax revenues levied for the organ-						
	ızatıon'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	19,289.	22,147.	40,018.	26,024.	40,902.	148,380.
5	The portion of total contributions	1					
	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		, ·		,		148,380.
	ction B. Total Support	,			······································		
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	19,289.	22,147.	40,018.	26,024.	40,902.	148,380.
8	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	714.	74.				788.
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain	_					
	or loss from the sale of capital						
	assets (Explain in Part IV.)		-6,640.	3,090.	4,853.	13,632.	14,935.
11	Total support. Add lines 7 through 10		·				164,103.
	Gross receipts from related activities,	etc. (see instruction	ns)			12	
	First five years. If the Form 990 is for			d. fourth, or fifth ta	، x vear as a sectioi		
	organization, check this box and stop	-	,,	.,	,	(-)(-)	ightharpoons
Sec	ction C. Computation of Publi		rcentage				
14	Public support percentage for 2011 (li	ne 6, column (f) di	vided by line 11, c	olumn (f))		14	90.42 %
15	Public support percentage from 2010	Schedule A, Part	II, line 14	.,,		15	92.41 %
	33 1/3% support test - 2011. If the o			n line 13, and line 1	4 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies	-					$\triangleright \mathbf{X}$
b	33 1/3% support test - 2010. If the o		•		line 15 is 33 1/3%	or more, check th	
	and stop here. The organization quali	=				•	ightharpoons
17a	10% -facts-and-circumstances test	, ,	• •		13, 16a, or 16b. a	and line 14 is 10%	or more,
	and if the organization meets the "fac-	-					
	meets the "facts-and-circumstances"			-			▶□
h	10% -facts-and-circumstances test	=		• • •	•	7a. and line 15 is	10% or
	more, and if the organization meets th	_					
	organization meets the "facts-and-circ				•		▶□
18	Private foundation. If the organization		=				s 🕌
						dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2011 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	iow, piease com	ipiele rait II.j				
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(a) 2011	(6 Total
1 Gifts, grants, contributions, and	(a) 2007	(0) 2000	(6) 2009	(0) 2010	(e) 2011	(f) Total
membership fees received (Do not						
include any "unusual grants.")						-
· · · · · · · · · · · · · · · · · · ·					+	
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities				-		
						1
furnished by a governmental unit to						1
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		<u>l</u>				
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)			, \$. ,		1
Section B. Total Support			·	1		
alendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	(4) 2001	(3) 2000	10, 2003	(4) 2010	(6) 2011	LIJ TOTAL
10a Gross income from interest,				 		
dividends, payments received on						1
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					1.	
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		-		1		<u> </u>
or loss from the sale of capital						1
assets (Explain in Part IV)		-				
13 Total support (Add lines 9, 10c, 11, and 12)	<u> </u>		1 6 11 70 1		504()(0)	_
14 First five years. If the Form 990 is for t	ne organization'	s tirst, second, thii	ra, tourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here	<u> </u>		•		· · · · ·	
Section C. Computation of Public						
15 Public support percentage for 2011 (lin	e 8, column (f) d	divided by line 13, o	column (f))		15	
6 Public support percentage from 2010 S	Schedule A, Part	t III, line 15			16	
Section D. Computation of Invest	lment Incom	ne Percentage				
7 Investment income percentage for 201					17	
IN Investment income percentage from 20	•	•	.,		18	
iga 33 1/3% support tests - 2011. If the o			on line 14, and line	a 15 is mara than		17 is not
• •	•		•		· ·	77 IS 1101. ► [
more than 33 1/3%, check this box and	•			• • • •		▶∟
b 33 1/3% support tests - 2010. If the o	_			•	•	
line 18 is not more than 33 1/3%, chec					-	▶∟
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	nstructions .	

FORM 990-EZ PAGE 1

990-EZ

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	EQUIPMENT	010208	200DB	5.00	17	1,257.	.	629.	628.	413.		86.
2	* TOTAL 990-EZ PG 1	020104	200DB	5.00	17	17,384.	-		17,384.			0.
	DEPR			-		18,641.		629.	18,012.	17,797.	0.	86 .
water and			•	-			-				-	
	-											
	-											
								* * *		-		
	* * *			·	<u>-\$1</u> _	andrama ashimmemama amerika sasa		Annual Control of the		omen Nin e e e eminore de maniquistado e	angli Marine Daffari ar sangara, assar an ang	THE PROPERTY AND THE RESIDENCE OF THE RE
		\$	**			>	· · · · · ·					
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£												

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011
Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** BREAST CANCER PREVENTION INSTITUTE 14-1814113 FORM 990-EZ, PART I, LINE 8, OTHER REVENUE: DESCRIPTION OF OTHER REVENUE: AMOUNT: BOOK SALES 13,632. FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE: DESCRIPTION OF EXPENSES: AMOUNT: 86. **DEPRECIATION** FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: 36. BANK CHARGES 141. FEES FUND RAISING EVENT EXPENSE 3,179. 94. **MEALS** OFFICE SUPPLIES 763. OTHER PROFESSIONAL FEES 291. POSTAGE 2,942. PRINTING 3,082. 1,187. TELEPHONE TRAVEL AND LODGING 4,524. 85. WEB HOSTING TOTAL TO FORM 990-EZ, LINE 16 16,324. FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: DESCRIPTION BEG. OF YEAR END OF YEAR OTHER DEPRECIABLE ASSETS 215.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization **Employer identification number** BREAST CANCER PREVENTION INSTITUTE 14-1814113 FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO RESEARCH, STUDY, INFORM, AND EDUCATE THE PUBLIC REGARDING THE CAUSES, PREVENTION AND TREATMENT OF CANCER WITH PARTICULAR EMPHASIS ON BREAST CANCER. FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS: PUBLIC EDUCATION PROJECT; EDUCATION OF PHYSICIANS, GOVERNMENT OFFICIALS, AND THE GENERAL PUBLIC ABOUT THE LINK BETWEEN ABORTION AND BREAST CANCER. **ESTABLISHMENT** OF A WEBSITE TO POST EDUCATIONAL MATERIALS, EDUCATIONAL DVDS AND LECTURES. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Form . **8868**

(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

	u are filing for an Automatic 3-Month Extension, comple					
_	u are filing for an Additional (Not Automatic) 3-Month Ex					
	complete Part II unless you have already been granted		•	•		
	onic filing (e-file). You can electronically file Form 8868 if y	•		•		•
•	d to file Form 990-T), or an additional (not automatic) 3-mo				· ·	
	to file any of the forms listed in Part I or Part II with the ex					
	al Benefit Contracts, which must be sent to the IRS in pag		(see instructions) For more details o	on the elec	tronic filing of the	s form,
	ww.irs gov/efile and click on e-file for Chanties & Nonprofits			1 1		
Part						
4 corp	oration required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and o	complete		. —
Part I c	·					▶ □
	er corporations (including 1120-C filers), partnerships, REM ncome tax returns.	IICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time	
Гуре о	r Name of exempt organization or other filer, see instru	ctions.		Employer	identification nui	mber (EIN) or
print	DDEACH CANCED DESIGNATION TO	NCMTMI	יותב	X	14-18141	112
le by th	BREAST CANCER PREVENTION II		· · · · · · · · · · · · · · · · · · ·			
due date iling you		ee mstruc	lions		cunty number (S) N)
eturn Se	~	oroign add	Irona and instructions			
nstructio		oreign add	ress, see instructions.			
	SOMERVILLE, NJ 08876				· · · · · ·	
	to Datum and for the vature that the application is for /file		to application for each return)			0 1
enter t	he Return code for the return that this application is for (file	e a separa	te application for each return)			
A 1:	-A:	Dotum	Analization			Baturn
Applic	ation	Return	Application Is For			Return
s For	00	Code				<u>Code</u> 07
Form 9		01	Form 990-T (corporation) Form 1041-A			08
Form 9		02	Form 4720		·	09
Form 9	***************************************	04	Form 5227			10
Form 9		05	Form 6069			11
	90-T (sec. 401(a) or 408(a) trust)	06	Form 8870			12
roiiii s	90-T (trust other than above) ORGANIZATION	100	Form 6870			
• Th.	books are in the care of > 30 REHILL AVE	- COM	PDCPM N.T 08876			
	phone No. ► 866 622-6237	- SOM	FAX No ►		· · ·	
		a in tha l lr		····	· · · · · · · · · · · · · · · · · · ·	
	e organization does not have an office or place of busines is is for a Group Return, enter the organization's four digit			if this is fo	r the whole group	shook this
		7	ich a list with the names and EINs of			
oox ▶					ers the extension	15 101
' '	request an automatic 3-month (6 months for a corporation AUGUST 15, 2012, to file the exemp	•	tion return for the organization name		The extension	
-	s for the organization's return for.	n organiza	don return for the organization hame	eu above	THE EXTENSION	
	► X calendar year 2011 or					
	tax year beginning	20	nd ending			
•	tax year beginning	, an			- ·	
2	f the tax year entered in line 1 is for less than 12 months, o	hock rese	on: Initial return	Final retur	n	
٠ '	Change in accounting period	neck icas	on miliar return	i iiiai ictai	''	
	Change in accounting period					
32 1	f this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 a	inter the tentative tax less any			
	•••	or 0005, e	inter the terriative tax, less arry	20	s s	0.
-	nonrefundable credits See instructions f this application is for Form 990-PF, 990-T, 4720, or 6069,	enter and	refundable credits and	3a	<u> </u>	
	• •	-		3ь	•	0.
_	estimated tax payments made Include any prior year overpations of the same subtract line 3b from line 3a Include your page.			30		<u>v </u>
	•	-		30	.	0.
Courtie	by using EFTPS (Electronic Federal Tax Payment System).			3c	ΕO for povement ::	

5/8/12

Form 8	868 (Rev. 1-2012)					Page 2
• If you	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	box		
Note.	Only complete Part II if you have afready been granted an a	automatic	3-month extension on a previously fi	led Form	8868.	
• If you	u are filing for an Automatic 3-Month Extension, comple					
Part	II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	ıal (no c	opies needed)
		·	Enter filer's	identifylr	ng number, see i	nstructions
Туре о	Name of exempt organization or other filer, see instru	ctions		Employer	ridentification nu	mber (EIN) or
print						
File by the	BREAST CANCER PREVENTION IN	STITU	TE	X	14-18143	113
due date		ee instruc	tions.	Social se	curity number (S	SN)
filing your return. So						
Instruction	City, town or post office, state, and zir code. For a it	oreign add	fress, see instructions.			
	SOMERVILLE, NJ 08876			······································		
	A		4			01
Enter th	ne Return code for the return that this application is for (file	e a separa	te application for each return)	• • • • • • • • • • • • • • • • • • • •	•••••	<u>011</u>
A	A42	Return	Application			Return
Applica	auon	Code	is For			Code
Is For 9	00	01	15 FUT			Code
Form 9		02	Form 1041-A			08
Form 9		01	Form 4720			09
Form 9		04	Form 5227			10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	90-T (trust other than above)	Form 8870			12	
	Do not complete Part II if you were not already granted	06 I an autoi		iously file	ed Form 8868.	
	ORGANIZATION					
• The	books are in the care of > 30 REHILL AVE	- SOM	ERSET, NJ 08876			
	phone No.▶ 866 622-6237		54MM- N			
	e organization does not have an office or place of business	s in the U				-
	is is for a Group Return, enter the organization's four digit					, check this
box 🕨	. If it is for part of the group, check this box	and atta	ach a list with the names and EINs of	all memb	ers the extension	is for.
4 1	request an additional 3-month extension of time until					
	or calendar year 2011, or other tax year beginning		, and endin	9		
6 11	the tax year entered in line 5 is for less than 12 months, c	heck reas	on: Initial return	Final r	return	
1	Change in accounting period					
	state in detail why you need the extension					
]	INFORMATION REQUIRED TO FILE	MIT A	<u>ELY RETURN HAS NOT</u>	BEEN	RECEIVE	D
_	· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·
8a li	this application is for Form 990-BL, 990-PF, 990-T, 4720,	от 6069, є	enter the tentative tax, less any	l	1	_
_	onrefundable credits. See instructions.			<u> 8a</u>	\$	0.
	this application is for Form 990-PF, 990-T, 4720, or 6069,	•				
	ax payments made. Include any prior year overpayment al	lowed as	a credit and any amount paid		1	
	previously with Form 8868.			8b	\$	0.
c E	Balance due. Subtract line 8b from line 8a. Include your pa	ayment wi	th this form, if required, by using		İ	_
	FTPS (Electronic Federal Tax Payment System). See instru			Bc_	<u> </u>	0.
	_		st be completed for Part II o	-		
Under p	enalties of perjury, I declare that I have examined this form, include	ling accom	panying schedules and statements, and t	o the best o	of my knowledge an	d belief,
	, correct, and complete, and that I am authorized to prepare this fo	\\ \\	0/	_	112	ر يا
Signatu	re Title Title		W	Date		
					Earm CCCC	(Day 1 0010)

1/25/12