SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2013

OMB No. 1545-0047

; 4

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

Name of the organization Employer Identification number						n number				
Breas	Breast Cancer MyStory				. 48-0915823					
			rity Status (All orga						instruction	ons.
The (1 2 3 4	organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the									
5	An organization	ne, city, and state: no operated for the benefit of a college or university owned or operated by a governmental unit described in ()(1)(A)(iv). (Complete Part II.)								
6 7	An organization	ate, or local government or governmental unit described in section 170(b)(1)(A)(v). tion that normally receives a substantial part of its support from a governmental unit or from the general public section 170(b)(1)(A)(vi). (Complete Part II.)								
8	☐ A community	trust described i	n section 170(b)(1)(A)(vi). (Cd	mplete Pa	ert II.)				
9	An organization that normally receives: (1) more than 331/3% 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 331/3% 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 11	=									
	a ∐ Typel	b 🛚 Type	II c ☐ Type II	I-Functi	onally inte	grated	d □.	Type IIH	Non-func	tionally integrated
f	and the management of the mana									
9	The state of the s									
	following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No									
_	(iii) below, the governing body of the supported organization?									
<u>h</u>	Name of supported organization	(I) EIN	ion about the support (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	, , , , , , , , , , , , , , , , , , , 		ntzation in of your	(vii) is the organization in col. (i) organization in the U.S.?		(viii) Amount of monetary support	
			(200 HIST 2020) 124/	Yes	, No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)										
(E)										
	· · · · · · · · · · · · · · · · · · ·		·							

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

Schedule A (Form 990 or 990-EZ) 2013

	BA (Form sec or sec-12) 2010						
Part	Support Schedule for Organize (Complete only if you checked the Part III. If the organization falls to	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qu	i) alify under
Gooti	on A. Public Support	quality unde	i the tests ha	stau pelow, p	ioase comple	oto r cart m.,	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2333	(5) 2010	(0) = 0		10, 20.0	,, .o
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						
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)	3 '	•	*	•	r	
6	Public support. Subtract line 5 from line 4.	-		<u> </u>			
Secti	on B. Total Support			·	·	<u> </u>	
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	-					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	;					
9	Net Income from unrelated business activities, whether or not the business is regularly carried on		J				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		·			-	
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop her						
Cacti	on C. Computation of Public Suppor		<u> </u>			<u> </u>	<u>·· • </u>
14	Public support percentage for 2013 (line 6			1 ookuma (6)		144 1	
15	Public support percentage from 2012 Sch	nedule A. Part I	Vided by 1116 1 II. line 14	i, column (i))		15	%
16a							
Ь	331/s% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/s% or more,					or more, . ► □	
17 a	10%-facts-and-circumstances test—2013. 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	b 10%-facts-and-circumstances test 2012. 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.					and line op here. a publicly	
18	Private foundation. If the organization disinstructions	d not check a b	oox on line 13,	16a, 16b, 17a	, or 17b, chec	k this box and	500 . ▶ □

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.)

	11 die Olgenization falle to quality	411401 410 40	OLD HOLOG DON	711, p.o		<u> </u>	
	on A. Public Support				4 7 2040	4) 0040	# Takal
_	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Giffs, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")				1 2,485	1 999.25	<u> </u>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities				ŀ		
	furnished in any activity that is related to the						
	organization's tax-exempt purpose				0	0	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513				0	0	0
4	Tax revenues levied for the			-			
	organization's benefit and either paid		1				
	to or expended on its behalf				l ol	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge				ol	o	0
6	Total. Add lines 1 through 5				\$ 2,485	1999.25	8 3,484.25
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .				اه ا	ol	0
h	Amounts included on lines 2 and 3				 		<u></u>
	received from other than disqualified					l	
	persons that exceed the greater of \$5,000		1			l	
	or 1% of the amount on line 13 for the year		1		اه ا	ام	n
	Add lines 7a and 7b		 	 	0	o	0
8	Public support (Subtract line 7c from		 	· · · · · · · · · · · · · · · · · · ·	 		
•	line 6.)					l	13,484.25
Sart:	on B. Total Support	·					1 3, 101 .23
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Calen 9	Amounts from line 6	(a) 2008	10) 20 10	(6) 2011		1999.25	
•					1 2,485	i 999.25	13,484.25
TUE	Gross income from interest, dividends,	1)	1	1	
	payments received on securities loans, rents, royalties and income from similar sources.	ł			_	_[_
			-		0	- 0	0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975				0	0	0
	Add lines 10a and 10b		ļ		0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on				0	0	0
12	Other income. Do not include gain or		1]		
	loss from the sale of capital assets			ŀ		ı	
	(Explain in Part IV.)				12,485	1 999.25	13,484.75
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				8 2,485	\$ 9 9 9.25	83,484.75
14	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax ye	ar as a sectio	n 501(c)(3)
	organization, check this box and stop he	<u>re</u>	<u></u> .	<u></u> .		<u></u> .	· · 🕨 🛭
Sect	on C. Computation of Public Suppor						
15	Public support percentage for 2013 (line l	B, column (f) d	Ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2012 Sci	hedule A, Part	III, line 15 .			16	<u>%</u>
Sect	on D. Computation of Investment in	come Perce	ntage		<u> </u>		
17	Investment income percentage for 2013 (y line 13. colu	mn (f))	17	%
18	Investment income percentage from 2012					18	%
19a	331/a% support tests—2013. If the organ						
	17 is not more than 331/s%, check this box						
ь	331/s% support tests—2012. If the organiz	-	_	-		_	_
_	line 18 is not more than 331/2%, check this				-		-
20	Private foundation. If the organization di	•	•	-	• •		_
20	Linera incrementi. Il nia olăsurstiou di	M LIOT CLIACK S	WX 011 III 14	, וספן טו ופט, (DIRECT WITH DOX I		

Part IV	Supplemental Information. 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).

0425876265 Aug. 29, 2014 LTR 2695C 0 R 46-0915623 201312 67 00025180

BREAST CANCER MYSTORY INC 512 NORTH AVE BATAVIA IL 60510



DECLARATION

027657

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

PRESIDEN

Title