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.

**Part I: Summary**

1. Briefly describe the organization's mission or most significant activities: To raise awareness of triple negative breast cancer and to support research into the causes of triple negative breast cancer, so that the effective diagnosis, treatment and prevention can be pursued and achieved.

2. Check this box [ ] 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). 8

4. Number of independent voting members of the governing body (Part VI, line 1b). 8

5. Total number of individuals employed in calendar year 2012 (Part V, line 2a). 20

6. Total number of volunteers (estimate if necessary). 0

7a. Total unrelated business revenue from Part VIII, column (C), line 12. 0

7b. Net unrelated business taxable income from Form 990-T, line 34. 0

**Revenue**

8. Contributions and grants (Part VIII, line 1h). 815,069.

9. Program service revenue (Part VIII, line 2g). 744,422.

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d). 1,604.

11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 311.

12. Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12). 816,673.


14. Benefits paid to or for members (Part IX, column (A), line 4). 492,500.

15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 245,400.


b Total fundraising expenses (Part IX, column (D), line 25). 149,329.

17. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 334,711.


**Beginning of Current Year**


22. Net assets or fund balances. Subtract line 21 from line 20. 32,346.

**Signature Block**

I, Hayley Dinerman, 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.

**Paid Preparer Use Only**

Michael S. Libock CPA

Michael S. Libock CPA

11/01/13

Check [ ] if self-employed P00235797

**BAA For Paperwork Reduction Act Notice, see the separate instructions.**

TEEA013L  12/18/12

Form 990 (2012)
APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is November 15, 2013.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.
Form 8868 (Rev 1-2013)

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box. Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part II - Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Name of exempt organization or other filer, see instructions.

Triple Negative Breast Cancer Foundation

Number, street, and room or suite number, if a P.O. box, see instructions.

Michael S. Libock & Co., LLC, CPA's

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

Westwood, NJ 07675-1652

Return code for the return that this application is for (file a separate application for each return)...

Application Is For | Return Code | Application Is For | Return Code
---|---|---|---
Form 990 or Form 990-EZ | 01 | | |
Form 990-BL | 02 | Form 1041-A | 08 |
Form 4720 (individual) | 03 | Form 4720 | 09 |
Form 990-PF | 04 | Form 5227 | 10 |
Form 990-T (section 401(a) or 408(e) trust) | 05 | Form 6069 | 11 |
Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

The books are in care of: Suzanne Gil

Telephone No. | (646) 765-9699 |

Fax No. |

If the organization does not have an office or place of business in the United States, check this box.

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If this is for the whole group, check this box... If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

I request an additional 3-month extension of time until 11/15/13.

For calendar year 2012, or other tax year beginning , and ending , 20.

If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

State in detail why you need the extension. Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.

8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: [Signature] Title: Acting Exec Dir Date: 08/12/13

BAA

Form 8868 (Rev 1-2013)
TRIPLE NEGATIVE BREAST CANCER
% ANDREA SCHACKNER MALINE
PO BOX 204
NORWOOD NJ 07648-0204

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is August 15, 2013.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.
### Application for Extension of Time To File an Exempt Organization Return

**Form 8868**  
Department of the Treasury  
Internal Revenue Service  

**OMB No. 1545-1709**

**File a separate application for each return.**

- **If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box.**  
- **If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).**

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

### Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only.

**All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.**

#### Enter filer's identifying number, see instructions

<table>
<thead>
<tr>
<th>Name of exempt organization or other filer, see instructions.</th>
<th>Employer identification number (EIN) or Social security number (SSN)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Triple Negative Breast Cancer Foundation</strong></td>
<td>20-5880756</td>
</tr>
<tr>
<td>Number, street, and room or suite number. If a P.O. box, see instructions.</td>
<td></td>
</tr>
<tr>
<td><strong>PO Box 204</strong></td>
<td></td>
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<tr>
<td>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</td>
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<tr>
<td>Norwood, NJ 07648</td>
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Enter the Return code for the return that this application is for (file a separate application for each return).  

<table>
<thead>
<tr>
<th>Application Is For</th>
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<th>Application Is For</th>
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<td>Form 990 or Form 990-EZ</td>
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<td>Form 990-T (corporation)</td>
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<td><em>form 990-BL</em></td>
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<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

**Telephone No.**  
(646) 765-9699  
**FAX No.**  

- **The books are in the care of**  
  **Suzanne Gil**

1. **I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time**  
   until _8/15_ __2013__, to file the exempt organization return for the organization named above.

   The extension is for the organization's return for:
   
   - **X** calendar year _2012_ or
   - **_** tax year beginning _20_ ___, and ending _20___.

2. **If the tax year entered in line 1 is for less than 12 months, check reason:**  
   - [ ] Initial return  
   - [ ] Final return  
   - [ ] Change in accounting period

3a. **If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.**  
   3a $ 0.

3b. **If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.**  
   3b $ 0.

3c. **Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.**  
   3c $ 0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.
Part III  Statement of Program Service Accomplishments

Briefly describe the organization's mission:

To raise awareness of triple negative breast cancer and to support research into the causes of triple negative breast cancer, so that the effective diagnosis, treatment and prevention can be pursued and achieved.

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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ______)  (Expenses $ 426,121, including grants of $ 245,400.)  (Revenue $ 751,012.)

Program expenses for promoting awareness and research for triple negative breast cancer, supporting a cancer care helpline and patients financially.

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

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

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

(Expenses $______, including grants of $______)  (Revenue $______)  

4e Total program service expenses ➪ 426,121.  

BAA
### Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
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</tbody>
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1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If ‘Yes,’ complete Schedule A.*

2. Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?

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.*

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.*

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.*

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.*

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.*

8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If ‘Yes,’ complete Schedule D, Part III.*

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.*

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.*

11. If the organization’s answer to any of the following questions is ‘Yes,’ then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.
   a. Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If ‘Yes,’ complete Schedule D, Part VI.*
   b. Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If ‘Yes,’ complete Schedule D, Part VII.*
   c. Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If ‘Yes,’ complete Schedule D, Part VIII.*
   d. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If ‘Yes,’ complete Schedule D, Part IX.*
   e. Did the organization report an amount for other liabilities in Part X, line 25? *If ‘Yes,’ complete Schedule D, Part X.*
   f. Did the organization’s separate or consolidated financial statements for the tax year include a footnote that addresses the organization’s liability for uncertain tax positions under FIN 48 (ASC 740)? *If ‘Yes,’ complete Schedule D, Part X.*

12. Did the organization obtain separate, independent audited financial statements for the tax year? *If ‘Yes,’ complete Schedule D, Parts XI, and XII.*

13. Is the organization a school described in section 170(b)(1)(A)(ii)? *If ‘Yes,’ complete Schedule E.*

14. Did the organization maintain an office, employees, or agents outside of the United States?
   a. 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.*
   b. Did the organization report an amount 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.*
   c. Did the organization report an amount 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.*
   d. Did the organization report on Part IX, column (A), lines 6 and 11e? *If ‘Yes,’ complete Schedule G, Part I (see instructions).*
   e. 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.*
   f. 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.*

15. Did the organization operate one or more hospital facilities? *If ‘Yes,’ complete Schedule H.*

16. If ‘Yes’ to line 20a, did the organization attach a copy of its audited financial statements to this return?
21 Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 17? If ‘Yes,’ complete Schedule I, Parts I and II. 

21 Yes No 

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 27? If ‘Yes,’ complete Schedule I, Parts I and III. 

22 X

23 Did the organization answer ‘Yes’ to Part VII, Section A, line 3, 4, or 5 about compensation of the organization’s current and former officers, directors, trustees, key employees, and highest compensated employees? If ‘Yes,’ complete Schedule J. 

23 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, and that was issued after December 31, 2002? If ‘Yes,’ answer lines 24b through 24d and complete Schedule K. If ‘No,’ go to line 25. 

24a X

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 

24b

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? 

24c

d Did the organization act as an ‘on behalf of’ issuer for bonds outstanding at any time during the year? 

24d

25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If ‘Yes,’ complete Schedule L, Part I. 

25a X

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization’s prior Forms 990 or 990-EZ? If ‘Yes,’ complete Schedule L, Part I. 

25b 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. 

26 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. 

27 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. 

28a X

b A family member of a current or former officer, director, trustee, or key employee? If ‘Yes,’ complete Schedule L, Part IV. 

28b 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. 

28c X

29 Did the organization receive more than $25,000 in non-cash contributions? If ‘Yes,’ complete Schedule M. 

29 X

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If ‘Yes,’ complete Schedule M. 

30 X

31 Did the organization liquidate, terminate, or dissolve and cease operations? If ‘Yes,’ complete Schedule N, Part I. 

31 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. 

32 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. 

33 X

34 Was the organization related to any tax-exempt or taxable entity? If ‘Yes,’ complete Schedule R, Parts II, III, IV, and V, line 1. 

34 X

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 

35a 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. 

35b

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If ‘Yes,’ complete Schedule R, Part V, line 2. 

36 X

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If ‘Yes,’ complete Schedule R, Part VI. 

37 X

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 

38 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.

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?

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)

3a Did the organization have unrelated business gross income of $1,000 or more during the year?

3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an 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)?

4b If "Yes," enter the name of the foreign country:


5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

5c If "Yes," 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?

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?

7b If "Yes," did the organization notify the donor of the value of the goods or services provided?

7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

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?

7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

9 Sponsoring organizations maintaining donor advised funds.

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?

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

1. 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. Enter the number of voting members included in line 1a, above, who are independent.

2. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

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?

4. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5. Did the organization become aware during the year of a significant diversion of the organization's assets?

6. Did the organization have members or stockholders?

7. 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?

8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
   a. The governing body?
   b. Each committee with authority to act on behalf of the governing body?

9. Is there any officer, director, or 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.

Section B. Policies

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

10. Did the organization have local chapters, branches, or affiliates?

11. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.

12. Did the organization have a written conflict of interest policy? If 'No,' go to line 13.

13. Did the organization have a written whistleblower policy?

14. Did the organization have a written document retention and destruction policy?

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?
   a. The organization's CEO, Executive Director, or top management official.
   b. Other officers of key employees of the organization.

16. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

Section C. Disclosure

17. List the states with which a copy of this Form 990 is required to be filed.

18. Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

19. Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 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:

   Suzanne Gil 18 Wilber St  New Providence NJ 07974 (646) 765-9699
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1. 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 organization compensated any current officer, director, or trustee.

<table>
<thead>
<tr>
<th>(A)</th>
<th>Name and Title</th>
<th>(B)</th>
<th>Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(C)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>Kurt Nygaard</td>
<td>2</td>
<td>X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td></td>
<td>Trustee</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td>Hayley Dinerman</td>
<td>40</td>
<td>X</td>
<td></td>
<td>27,583.</td>
<td>0.</td>
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</tr>
<tr>
<td></td>
<td>Acting Exec Dir</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td>Andrea Maline</td>
<td>2</td>
<td>X</td>
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<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td></td>
<td>Dir Bus Affairs</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td>Allison Axenrod</td>
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<td>X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
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<tr>
<td></td>
<td>Prog Dir</td>
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</tr>
<tr>
<td>(5)</td>
<td>Jennifer Sweetwood</td>
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<td>X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
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<tr>
<td></td>
<td>Treasurer</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>(6)</td>
<td>Malaak Compton-Rock</td>
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<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td></td>
<td>Trustee</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td>Eric P. Winer</td>
<td>2</td>
<td>X</td>
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<td>0.</td>
<td>0.</td>
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<tr>
<td></td>
<td>Trustee</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td>Lori J. Redmer</td>
<td>40</td>
<td>X</td>
<td></td>
<td>88,624.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td></td>
<td>Exec. Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

(10)                                                                                                      
(11)                                                                                                      
(12)                                                                                                      
(13)                                                                                                      
(14)                                                                                                      

BAA TEEA0107L 12/17/12 Form 990 (2012)
### Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(15)</td>
<td></td>
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<td>(17)</td>
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<td>(18)</td>
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<td>(19)</td>
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<td>(20)</td>
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<td>(23)</td>
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<td>(24)</td>
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<tr>
<td>(25)</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

1b Sub-total: 116,207. 0. 0.

c Total from continuation sheets to Part VII, Section A: 0. 0. 0.

d Total (add lines 1b and 1c): 116,207. 0. 0.

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

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.

3 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.

4 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.

5 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.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization: 0.
### Part VIII | Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII: [ ]

<table>
<thead>
<tr>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512, 513, or 514</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1a Federated campaigns ............................................... 1a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Membership dues ...................................................... 1b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Fundraising events ................................................... 1c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Related organizations ............................................... 1d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Government grants (contributions) .................................. 1e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other contributions, gifts, grants, and similar amounts not included above .................................. 1f</td>
<td>$744,422.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Noncash contributions included in Ins 1a-1f: ................. 1f</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f ..................................................</td>
<td>$744,422.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a ...............................................................</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b ...............................................................</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c ...............................................................</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d ...............................................................</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e ...............................................................</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other program service revenue ..................................</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Total. Add lines 2a-2f ..................................................</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OTHER REVENUE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Investment income (including dividends, interest and other similar amounts) ..................................</td>
<td>$6,279.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds ..........</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Royalties ...........................................................</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 a Gross rents .........................................................</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: rental expenses ...............................................</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Rental income or (loss) ..............................................</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Net rental income or (loss) ...........................................</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 a Gross amount from sales of assets other than inventory. (i) Securities (ii) Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: cost or other basis and sales expenses ..................</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Gain or (loss) ......................................................</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Net gain or (loss) ...................................................</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: direct expenses ...............................................</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from fundraising events .................</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 a Gross income from gaming activities. See Part IV, line 19.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: direct expenses ...............................................</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from gaming activities ....................</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 a Gross sales of inventory, less returns and allowances. See Part IV, line 19.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: cost of goods sold ..............................................</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from sales of inventory ....................</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Miscellaneous Revenue**

<table>
<thead>
<tr>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a Refund of Prior Year FUTA ............................................... 267.</td>
</tr>
<tr>
<td>b Public contributions ..................................................... 44.</td>
</tr>
<tr>
<td>c ...............................................................</td>
</tr>
<tr>
<td>d All other revenue .....................................................</td>
</tr>
<tr>
<td>e Total. Add lines 11a-11d ..................................................</td>
</tr>
<tr>
<td><strong>12 Total revenue. See instructions</strong> ..................................</td>
</tr>
</tbody>
</table>

**Notes:**
- BAA
- Form 990 (2012)
- TEEA0106L 12/17/12
- Revenue excluded from tax under sections 512, 513, or 514
<table>
<thead>
<tr>
<th></th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>245,400.</td>
<td>245,400.</td>
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<td>3</td>
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<td>4</td>
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</tr>
<tr>
<td>5</td>
<td></td>
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</tr>
<tr>
<td>6</td>
<td>116,208.</td>
<td>81,346.</td>
<td>23,241.</td>
<td>11,621.</td>
</tr>
<tr>
<td>7</td>
<td>40,345.</td>
<td>26,224.</td>
<td>8,069.</td>
<td>6,052.</td>
</tr>
<tr>
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</tr>
<tr>
<td>9</td>
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</tr>
<tr>
<td>10</td>
<td>15,053.</td>
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<td>15,053.</td>
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<tr>
<td>11</td>
<td>Management</td>
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<tr>
<td>13</td>
<td>102,424.</td>
<td>29,923.</td>
<td>60,211.</td>
<td>12,290.</td>
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<td>14</td>
<td>32,674.</td>
<td>16,337.</td>
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<td>16,337.</td>
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<td>16</td>
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<td>17</td>
<td>7,168.</td>
<td>7,049.</td>
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<td>119.</td>
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<td>19</td>
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<td>20</td>
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<td>22</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>23</td>
<td>2,583.</td>
<td></td>
<td>2,583.</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>25</td>
<td>706,979.</td>
<td>426,121.</td>
<td>131,529.</td>
<td>149,329.</td>
</tr>
</tbody>
</table>

**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).
<table>
<thead>
<tr>
<th>Part X</th>
<th>Balance Sheet</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Check if Schedule O contains a response to any question in this Part X.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Cash — non-interest-bearing</td>
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<td></td>
<td>Ending of year</td>
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<td>792,412.1</td>
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<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
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<td>405,457.2</td>
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<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
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<td>20,214.3</td>
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<td>4</td>
<td>Accounts receivable, net</td>
</tr>
<tr>
<td></td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
</tr>
<tr>
<td></td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(c)(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</td>
</tr>
<tr>
<td></td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
</tr>
<tr>
<td></td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
</tr>
<tr>
<td></td>
<td>7,809.8</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
</tr>
<tr>
<td></td>
<td>442.10c</td>
</tr>
<tr>
<td></td>
<td>886.10a</td>
</tr>
<tr>
<td>10</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
</tr>
<tr>
<td>10a</td>
<td>444.10b</td>
</tr>
<tr>
<td>11</td>
<td>Intangibles — publicly traded securities</td>
</tr>
<tr>
<td></td>
<td>442.10c</td>
</tr>
<tr>
<td>12</td>
<td>Investments — other securities. See Part IV, line 11</td>
</tr>
<tr>
<td></td>
<td>620.10b</td>
</tr>
<tr>
<td>13</td>
<td>Investments — program-related. See Part IV, line 11</td>
</tr>
<tr>
<td></td>
<td>444.10a</td>
</tr>
<tr>
<td>14</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
</tr>
<tr>
<td></td>
<td>805,068.16</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
</tr>
<tr>
<td></td>
<td>402.15</td>
</tr>
<tr>
<td>16</td>
<td>Total liabilities. Add lines 17 through 25</td>
</tr>
<tr>
<td></td>
<td>293,250.18</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
</tr>
<tr>
<td></td>
<td>31,514.17</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
</tr>
<tr>
<td></td>
<td>293,250.19</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
</tr>
<tr>
<td></td>
<td>20</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
</tr>
<tr>
<td></td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
</tr>
<tr>
<td></td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
</tr>
<tr>
<td></td>
<td>22</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
</tr>
<tr>
<td></td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
</tr>
<tr>
<td></td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>25</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
</tr>
<tr>
<td></td>
<td>324,764.26</td>
</tr>
<tr>
<td>27</td>
<td>Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34</td>
</tr>
<tr>
<td></td>
<td>395,304.27</td>
</tr>
<tr>
<td>28</td>
<td>Unrestricted net assets</td>
</tr>
<tr>
<td></td>
<td>85,000.28</td>
</tr>
<tr>
<td>29</td>
<td>Temporarily restricted net assets</td>
</tr>
<tr>
<td></td>
<td>29</td>
</tr>
<tr>
<td>30</td>
<td>Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Capital stock or trust principal, or current funds</td>
</tr>
<tr>
<td></td>
<td>30</td>
</tr>
<tr>
<td>32</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
</tr>
<tr>
<td></td>
<td>31</td>
</tr>
<tr>
<td>33</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
</tr>
<tr>
<td></td>
<td>32</td>
</tr>
<tr>
<td>34</td>
<td>Total net assets or fund balances</td>
</tr>
<tr>
<td></td>
<td>480,304.33</td>
</tr>
<tr>
<td>35</td>
<td>Total liabilities and net assets/fund balances</td>
</tr>
<tr>
<td></td>
<td>805,068.34</td>
</tr>
</tbody>
</table>
### Part XI: Reconciliation of Net Assets

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>$751,012.</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>$706,979.</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1.</td>
<td>$44,033.</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).</td>
<td>$436,271.</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments.</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O).</td>
<td>$0</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).</td>
<td>$480,304.</td>
</tr>
</tbody>
</table>

### Part XII: Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cash</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accrual</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>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:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Separate basis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consolidated basis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Both consolidated and separate basis</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>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:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Separate basis</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Consolidated basis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Both consolidated and separate basis</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>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?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>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?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>
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.

Name of the organization: Triple Negative Breast Cancer Foundation
Employer Identification number: 20-5880756

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

<table>
<thead>
<tr>
<th>(a) Name of supported organization</th>
<th>(b) EIN</th>
<th>(i) Type of organization (described on lines 1-9 above or IRC section 509(a)(3) if different)</th>
<th>(iv) Is the organization in column (i) listed in your governing document?</th>
<th>(v) Did you notify the organization in column (i) of your support?</th>
<th>(vi) Is the organization in column (i) organized in the U.S.?</th>
<th>(vii) Amount of monetary support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

BAA  For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc (see instructions)</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

| Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 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 the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

**16b 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.

**17b 10%-facts-and-circumstances test — 2011.** If the organization did not check a box on line 13, 16a, 16b, 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal yr beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions and membership fees received. (Do not include any unusual grants.)</td>
<td>557,905</td>
<td>558,020</td>
<td>471,368</td>
<td>815,069</td>
<td>744,422</td>
<td>3,146,784</td>
</tr>
<tr>
<td>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</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td>557,905</td>
<td>558,020</td>
<td>471,368</td>
<td>815,069</td>
<td>744,422</td>
<td>3,146,784</td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>7b Amounts included on lines 1, 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</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>8 Public support (Subtract line 7c from line 6)</td>
<td>3,146,784</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal yr beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td>557,905</td>
<td>558,020</td>
<td>471,368</td>
<td>815,069</td>
<td>744,422</td>
<td>3,146,784</td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>1,851</td>
<td>1,604</td>
<td>6,279</td>
<td>9,734</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). See Part IV</td>
<td>311</td>
<td>311</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12)</td>
<td>557,905</td>
<td>558,020</td>
<td>473,219</td>
<td>816,673</td>
<td>751,012</td>
<td>3,156,829</td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

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 D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | 0.31% |
18 Investment income percentage from 2011 Schedule A, Part III, line 17 | 0.13% |
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. 

### Section G. Private Foundation

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

---

*Schedule A (Form 990 or 990-EZ) 2012* Triple Negative Breast Cancer Foundation 20-5880756

---

BAA
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 III, Line 12 - Other Income

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Refund of Prior Year FUTA and Other Gift</td>
<td>$311.</td>
<td>$0.</td>
<td>$0.</td>
<td>$0.</td>
<td>$0.</td>
</tr>
<tr>
<td>Total</td>
<td>$311.</td>
<td>$0.</td>
<td>$0.</td>
<td>$0.</td>
<td>$0.</td>
</tr>
</tbody>
</table>
Schedule B
(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

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

Name of the organization: Triple Negative Breast Cancer Foundation

Employer identification number: 20-5880756

Organization type (check one):
- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization

Check if your organization is covered by the General Rule or a Special Rule

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

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

Special Rules
☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v) 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 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)
### Part I Contributors
(see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Number</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$30,000</td>
<td>Person ☑ Payroll □ Noncash □</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$40,000</td>
<td>Person ☑ Payroll □ Noncash □</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$35,000</td>
<td>Person ☑ Payroll □ Noncash □</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$30,000</td>
<td>Person ☑ Payroll □ Noncash □</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$15,000</td>
<td>Person □ Payroll □ Noncash ☑</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>$50,000</td>
<td>Person ☑ Payroll □ Noncash □</td>
</tr>
</tbody>
</table>
## Part I  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Number</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
<td>$15,000</td>
<td>Person ☒ Payroll ☐ Noncash ☐</td>
</tr>
</tbody>
</table>

(Complete Part II if there is a noncash contribution.)

<table>
<thead>
<tr>
<th>(a) Number</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Person ☐ Payroll ☐ Noncash ☐</td>
</tr>
</tbody>
</table>

(Complete Part II if there is a noncash contribution.)

<table>
<thead>
<tr>
<th>(a) Number</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Person ☐ Payroll ☐ Noncash ☐</td>
</tr>
</tbody>
</table>

(Complete Part II if there is a noncash contribution.)

<table>
<thead>
<tr>
<th>(a) Number</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Person ☐ Payroll ☐ Noncash ☐</td>
</tr>
</tbody>
</table>

(Complete Part II if there is a noncash contribution.)

<table>
<thead>
<tr>
<th>(a) Number</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Person ☐ Payroll ☐ Noncash ☐</td>
</tr>
</tbody>
</table>

(Complete Part II if there is a noncash contribution.)
### Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (see instructions)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>One of a kind luxury watch</td>
<td>$15,000</td>
<td>6/07/12</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

**BAA**
### Part III

**Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8) or (10) organizations that total more than $1,000 for the year.** Complete columns (a) through (e) and the following line entry. Use duplicate copies of Part III if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

Name of the organization

Employer identification number

Triple Negative Breast Cancer Foundation 20-5880756

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.

1 Total number at end of year. (a) Donor advised funds (b) Funds and other accounts

2 Aggregate contributions to (during year).

3 Aggregate grants from (during year).

4 Aggregate value at end of year.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- Preservation of land for public use (e.g., recreation or education)
- Protection of natural habitat
- Preservation of open space
- Preservation of an historically important land area
- Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

<table>
<thead>
<tr>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of conservation easements</td>
</tr>
<tr>
<td>Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td>Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td>Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register</td>
</tr>
</tbody>
</table>

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

2 If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

| Revenues included in Form 990, Part VIII, line 1 | |
|-------------------------------------------------|
| Assets included in Form 990, Part X             |

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

<table>
<thead>
<tr>
<th>Revenues included in Form 990, Part VIII, line 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assets included in Form 990, Part X</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td></td>
</tr>
</tbody>
</table>

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.

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:

   (i) unrelated organizations ________________________________

   (ii) related organizations ________________________________

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?  [ ] Yes [ ] No

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.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Equipment</td>
<td></td>
<td>886.</td>
<td>444.</td>
<td>442.</td>
</tr>
<tr>
<td>1e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▲ 442.
### Part VII | Investments — Other Securities

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(I)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)

### Part VIII | Investments — Program Related

<table>
<thead>
<tr>
<th>(a) Description of investment type</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
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<tr>
<td>(3)</td>
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<tr>
<td>(4)</td>
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<td></td>
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<tr>
<td>(5)</td>
<td></td>
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<tr>
<td>(6)</td>
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<tr>
<td>(7)</td>
<td></td>
<td></td>
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<tr>
<td>(8)</td>
<td></td>
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<td>(9)</td>
<td></td>
<td></td>
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<tr>
<td>(10)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)

### Part IX | Other Assets

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
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<td>(4)</td>
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<td>(5)</td>
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<td>(6)</td>
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<td>(7)</td>
<td></td>
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<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)

### Part X | Other Liabilities

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
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<td>(9)</td>
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<tr>
<td>(10)</td>
<td></td>
</tr>
<tr>
<td>(11)</td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, column (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.  

☐
### Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1. Total revenue, gains, and other support per audited financial statements: 1 751,012.

2. Amounts included on line 1 but not on Form 990, Part VIII, line 12:
   - a. Net unrealized gains on investments: 2a
   - b. Donated services and use of facilities: 2b
   - c. Recoveries of prior year grants: 2c
   - d. Other (Describe in Part XIII.): 2d
   - e. Add lines 2a through 2d: 2e

3. Subtract line 2e from line 1: 3 751,012.

4. Amounts included on Form 990, Part VIII, line 12, but not on line 1:
   - a. Investment expenses not included on Form 990, Part VIII, line 7a: 4a
   - b. Other (Describe in Part XIII.): 4b
   - c. Add lines 4a and 4b: 4c

5. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.): 5 751,012.

### Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1. Total expenses and losses per audited financial statements: 1 706,979.

2. Amounts included on line 1 but not on Form 990, Part IX, line 25:
   - a. Donated services and use of facilities: 2a
   - b. Prior year adjustments: 2b
   - c. Other losses: 2c
   - d. Other (Describe in Part XIII.): 2d
   - e. Add lines 2a through 2d: 2e

3. Subtract line 2e from line 1: 3 706,979.

4. Amounts included on Form 990, Part IX, line 25, but not on line 1:
   - a. Investment expenses not included on Form 990, Part VIII, line 7a: 4a
   - b. Other (Describe in Part XIII.): 4b
   - c. Add lines 4a and 4b: 4c

5. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.): 5 706,979.

### Part XIII | Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.
**Triple Negative Breast Cancer Foundation**

**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 [x]

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.

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Cancer Care Inc. 275 Seventh Ave. New York, NY 10001</td>
<td>13-1825919</td>
<td></td>
<td>27,400.</td>
<td>0.</td>
<td></td>
<td>Support Helpline and patients</td>
<td></td>
</tr>
<tr>
<td>(2) EmergingMed.com 247 W 30th St., Suite 4R New York, NY 10001</td>
<td>13-4093884</td>
<td></td>
<td>18,000.</td>
<td>0.</td>
<td></td>
<td>Support of clinical trial.</td>
<td></td>
</tr>
<tr>
<td>(3) Susan G. Komen Cure 5005 LBJ Freeway, Suite 250 Dallas, TX 75244</td>
<td>75-1835298</td>
<td></td>
<td>200,000.</td>
<td>0.</td>
<td></td>
<td>Support of research program</td>
<td></td>
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<td>(4)</td>
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</tbody>
</table>

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

3. Enter total number of other organizations listed in the line 1 table ....................................................... 0

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
## Part III  Grants and Other Assistance to Individuals in the United States

Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of non-cash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>7</td>
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</tbody>
</table>

## Supplemental Information

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Name of the organization: Triple Negative Breast Cancer Foundation

Employer identification number: 20-5880756

Form 990, Part VI, Line 11b - Form 990 Review Process

Reviewed by Board of Directors before 990 is filed.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Financial statements are available to public upon request.
Application for Extension of Time To File an Exempt Organization Return

- File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box.  
  - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8740, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I  Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only...  
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions.

<table>
<thead>
<tr>
<th>Name of exempt organization or other filer, see instructions.</th>
<th>Employer identification number (EIN) or Social security number (SSN)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Triple Negative Breast Cancer Foundation</strong></td>
<td><strong>20-5880756</strong></td>
</tr>
<tr>
<td>Number, street, and room or suite number. If a P.O. box, see instructions.</td>
<td>Social security number (SSN)</td>
</tr>
<tr>
<td><strong>PO Box 204</strong></td>
<td><strong>Norwood, NJ 07648</strong></td>
</tr>
</tbody>
</table>

Enter the Return code for the return that this application is for (file a separate application for each return) 01

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
<td>Form 990-T (corporation)</td>
<td>07</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
<td>Form 4720</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (section 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

- The books are in the care of **Suzanne Gil**

Telephone No. (646) 765-9699  FAX No.  

- If the organization does not have an office or place of business in the United States, check this box.  
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If this is for the whole group, check this box...  

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/13, to file the exempt organization return for the organization named above.  
   The extension is for the organization's return for:
   - [X] calendar year 2012 or 
   - [ ] tax year beginning __________, 2012, and ending __________, 2013.  

2 If the tax year entered in line 1 is for less than 12 months, check reason:  
   - [ ] Initial return  
   - [ ] Final return  
   - [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  
   - 3a $0.  

3b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  
   - 3b $0.  

3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  
   - 3c $0.  

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.
Form 8868 (Rev 1-2013)

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box. □

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Part II: Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer’s identifying number, see instructions.

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of exempt organization or other filer, see instructions.</th>
<th>Employer identification number (EIN) or Social security number (SSN)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Triple Negative Breast Cancer Foundation</td>
<td>20-5880756</td>
</tr>
<tr>
<td></td>
<td>Number, street, and room or suite number. If a P.O. box, see instructions.</td>
<td>Social security number (SSN)</td>
</tr>
<tr>
<td></td>
<td>Michael S. Libock &amp; Co., LLC, CPA’s</td>
<td></td>
</tr>
<tr>
<td></td>
<td>349 Kindermack Road</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cty, town or post office, state, and zip code. For a foreign address, see instructions.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Westwood, NJ 07675-1652</td>
<td></td>
</tr>
</tbody>
</table>

Enter the Return code for the return that this application is for (file a separate application for each return) 01

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
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<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of: Suzanne Gil
  - Telephone No. (646) 765-9699
  - FAX No. □

- If the organization does not have an office or place of business in the United States, check this box. □

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) □

  □ If this is for the whole group, check this box □. If it is for part of the group, check this box □ and attach a list with the names and EINs of all members the extension is for.

4. I request an additional 3-month extension of time until 11/15/2013.

5. For calendar year 2012, or other tax year beginning □ and ending □.

6. If the tax year entered in line 5 is for less than 12 months, check reason: □ Initial return □ Final return

7. State in detail why you need the extension... Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

8a. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

8b. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.

8c. Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Signature and Verification must be completed for Part II only.

Signature □

Title □ Acting Exec Dir

Date □ 01/21/13

Form 8868 (Rev 1-2013)