

<b>Form CHAR500</b>  <small>This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)</small>	<b>Annual Filing for Charitable Organizations</b> New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 <a href="http://www.charitiesnys.com">http://www.charitiesnys.com</a>	<b>2012</b>  <b>Open to Public Inspection</b>
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**1. General Information**  
 a. For the fiscal year beginning (mm/dd/yyyy) 01/01 / **2012** and ending (mm/dd/yyyy) 12/31/2012  

b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization <b>MANHASSET WOMENS COALITION AGAINST BREAST CANCER INC.</b>  Number and street (or P.O. box if mail not delivered to street address) Room/suite <b>PO BOX 1007</b>  City or town, state or country and zip + 4 <b>MANHASSET, NEW YORK 11030</b>	d. Fed. employer ID no. (EIN) (##-####-####) <div style="border: 1px solid black; padding: 2px;">11-3428858</div> e. NY State registration no. (##-##-##) <div style="border: 1px solid black; padding: 2px;">06-16-51</div> f. Telephone number <div style="border: 1px solid black; padding: 2px;">(516) 627-2410</div> g. Email
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**2. Certification - Two Signatures Required**  
 We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

a. President or Authorized Officer	Signature <i>Marybeth Accurso</i>	Printed Name <b>Marybeth Accurso</b>	Title <b>President</b>	Date <b>7/31/13</b>
b. Chief Financial Officer or Treas.	Signature <i>Christine McCarty</i>	Printed Name <b>CHRISTINE MCCARTY</b>	Title <b>Treasurer</b>	Date <b>7/31/13</b>

**3. Annual Report Exemption Information**  
 a. **Article 7-A annual report exemption** (Article 7-A registrants and dual registrants)  
 Check ☐ if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 **and** the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.  
**NOTE:** An organization may claim this exemption if no PFR or FRC was used **and** either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal **and** contributions from other sources did not exceed \$25,000 **or** 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.  
 b. **EPTL annual report exemption** (EPTL registrants and dual registrants)  
 Check ☐ if gross receipts did not exceed \$25,000 **and** assets (market value) did not exceed \$25,000 at any time during this fiscal year.  
 For EPTL or Article-7A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above.  
*Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.*

**4. Article 7-A Schedules**  
 If you did **not** check the Article 7-A annual report exemption above, complete the following for this fiscal year:  
 a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? .. ☐ Yes\* ☒ **No**  
 \* If "Yes", complete **Schedule 4a.**  
 b. Did the organization receive government contributions (grants)? ..... ☐ Yes\* ☒ **No**  
 \* If "Yes", complete **Schedule 4b.**

**5. Fee Submitted:** See last page for **summary of fee requirements.**  

Indicate the filing fee(s) you are submitting along with this form:		<b>Submit only one check or money order for the total fee, payable to "NYS Department of Law"</b>
a. Article 7-A filing fee .....	\$ 25	
b. EPTL filing fee .....	\$ 50	
c. <b>Total fee</b> .....	\$ 75	

**6. Attachments** - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments →→→

**Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)**

If you checked the box in question 4.a. on page 1, complete the following schedule for **each** PFR, FRC or CCV that the organization engaged for fund raising activity in NY State:

**1. Type of fund raising professional (FRP):**

Professional fund raiser ..... ☐  
Fund raising counsel ..... ☐  
Commercial co-venturer ..... ☐

**2. Name of FRP:**

Number and street (or P.O. box if mail is not delivered to street address):

City or town, state or country and zip + 4:

**3. FRP telephone number:**

( ) -

**4. Services provided by FRP (provide description):****5. Compensation arrangement with FRP (provide description):**

6. Dates of contract ..... through .....  
(mm/dd/yyyy) (mm/dd/yyyy)

7. Amount paid to FRP ..... \$

8. If services were provided by a CCV, did the CCV provide the charitable organization with the interim report(s) required by §§ 173-a. 3 of the Executive Law? ☐ Yes ☐ No

### Schedule 4b: Government Contributions (Grants)

If you checked the box in question 4.b. on page 1, complete the following schedule for **each** government contribution (grant). Use additional copies of this page if necessary to list each government contribution (grant) separately.

[illegible]

## 5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type	Fee Instructions
• <b>Article 7-A</b>	Calculate the Article 7-A filing fee using the table in <b>part a</b> below. The EPTL filing fee is \$0.
• <b>EPTL</b>	Calculate the EPTL filing fee using the table in <b>part b</b> below. The Article 7-A filing fee is \$0.
• <b>Dual</b>	Calculate both the Article 7-A and EPTL filing fees using the tables in <b>parts a and b</b> below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a <b>single</b> check or money order for the total fee.

### a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

\* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

### b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

## 6. Attachments – Document Attachment Check-List

Check the boxes for the documents you are attaching.

### For All Filers

#### Filing Fee

☒ Single check or money order payable to "NYS Department of Law"

#### Copies of Internal Revenue Service Forms

☒ IRS Form 990

☒ All required schedules (including Schedule B)

☐ IRS Form 990-T

☐ IRS Form 990-EZ

☐ All required schedules (including Schedule B)

☐ IRS Form 990-T

☐ IRS Form 990-PF

☐ All required schedules (including Schedule B)

☐ IRS Form 990-T

### Additional Article 7-A Document Attachment Requirement

#### Independent Accountant's Report

☒ Audit Report (total support & revenue more than \$250,000)

☐ Review Report (total support & revenue \$100,001 to \$250,000)

☐ No Accountant's Report Required (total support & revenue not more than \$100,000)



Timothy O'Keefe <timothy@okeefecpallc.com>

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**Re: Manhasset Womens Coalition Against Breast Cancer Inc, NYS Reg No. 06-16-51, EIN 11-3428858**

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Timothy O'Keefe <timothy@okeefecpallc.com>

Wed, May 15, 2013 at 6:07 PM

To: charities.extensions@ag.ny.gov, Timothy O'Keefe <Timothy@okeefecpallc.com>

May 15, 2013

NYS Department of Law  
Office of the Attorney General  
Charities Bureau  
Registration Section  
120 Broadway  
New York, NY 10271

Dear Sir or Madam:

Re: Application for Extension of Time to file annual reports for:

MANHASSET WOMEN'S COALITION AGAINST BREAST CANCER INC.  
EIN: 11-3428858 EPTL# 06-16-51 7A#68047

This letter serves to request an extension of time to file all annual reports for the year ending December 31, 2012 pursuant to both the Estates, Powers, & Trusts Law and Article 7A of the Executive Law.

Please allow an extension of time until August 15, 2013. Additional time is needed to accumulate the information necessary to prepare a complete and accurate return.

Thank you in advance for your attention to this matter.

--  
*Timothy O'Keefe CPA, CFP, MA*

Telephone: (516) 586-4940  
Fax: (516) 844-7803  
Email: timothy@okeefecpallc.com

Please visit us at - [www.okeefecpallc.com](http://www.okeefecpallc.com) and sign up for our free newsletter!

Circular 230 Disclosure: Pursuant to recently-enacted U.S. Treasury Department Regulations, I am required to advise you that, unless otherwise expressly indicated, any federal tax advice contained in this communication, including attachments and enclosures, is not intended or written to be used, and may not be used, for the purpose of (i) avoiding tax-related penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any tax-related matters addressed herein.

## 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)

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

**A For the 2012 calendar year, or tax year beginning , 2012, and ending ,**

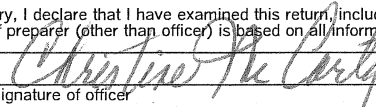
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MANHASSET WOMEN'S COALITION AGAINST BREAST CANCER INC.</b>		<b>D</b> Employer Identification Number 11-3428858
	Doing Business As		<b>E</b> Telephone number (516) 627-2410
	Number and street (or P.O. box if mail is not delivered to street addr) Room/suite P.O. BOX 1007		
	City, town or country State ZIP code + 4 MANHASSET NY 11030		<b>G</b> Gross receipts \$ 495,177.
	<b>F</b> Name and address of principal officer: Mary Beth Accurso P.O. Box 1007 Manhasset NY 11030		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ manhassetbreastcancer.org			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of Formation: 1998 <b>M</b> State of legal domicile: NY			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>The Coalition funds innovative breast cancer research, increases awareness through education, and provides support services to those with breast cancer and related diseases.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	10
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	10
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a) .....	<b>5</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	185
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	307,667.	313,315.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	309.	334.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	58,195.	66,489.
	<b>12</b> Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	366,171.	380,138.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	329,133.	268,340.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....		
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,786.		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	36,079.	36,174.	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	365,212.	304,514.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	959.	75,624.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) .....	151,716.	214,656.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	18,609.	5,925.
		133,107.	208,731.

**Part II Signature Block**

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

<b>Sign Here</b>			08/01/13	
	Signature of officer		Date	
<b>Paid Preparer Use Only</b>	Christine McCarty		Treasurer	
	Type or print name and title.			
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Timothy O'Keefe	Timothy O'Keefe	8/1/13	P01399081
Firm's name ▶ O'KEEFE CPA, LLC		Firm's EIN ▶ 26-3834821		
Firm's address ▶ 375 FULTON ST		Phone no. (516) 586-4940		
FARMINGDALE NY 11735-3454				

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

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

The Coalition funds innovative breast cancer research, increases awareness through education, and provides support services to those with breast cancer and related diseases.

**2** Did the organization undertake any significant program services during the year which were not listed on the priorForm 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 \$ 226,800. including grants of \$ 226,800.) (Revenue \$ 0.)

Raise funds for Breast Cancer research and to make donations to appropriate research foundations and awareness programs.

**4b** (Code: ) (Expenses \$ 44,183. including grants of \$ 40,540.) (Revenue \$ 0.)

Outreach program- To provide meals, transportation, informational and supportive items, and emotional support to women undergoing treatment for breast cancer. Host speaking engagements with professionals in the field of breast cancer research and patient support. Co-sponsor wellness fair.

**4c** (Code: ) (Expenses \$ 1,000. including grants of \$ 1,000.) (Revenue \$ 0.)

Scholarship program for breast cancer research.

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 271,983.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A .....	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? .....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I .....		X
4 <b>Section 501(c)(3) organizations</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II .....		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III .....		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I .....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III .....		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV .....		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V .....		X
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI .....		X
b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII .....		X
c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII .....		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX .....		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X .....		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X .....	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII .....	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional. ....		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E .....		X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV .....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV .....		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV .....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) .....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II .....	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III .....	X	
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H .....		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i> .....	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i> .....	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? <i>If 'Yes,' complete Schedule J</i> .....		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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i> .....		X
24b	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
24c	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? .....		
24d	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....		
25a	25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i> .....		X
25b	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? <i>If 'Yes,' complete Schedule L, Part I</i> .....		X
26	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? <i>If 'Yes,' complete Schedule L, Part II</i> .....		X
27	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? <i>If 'Yes,' complete Schedule L, Part III</i> .....		X
28	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):		
28a	a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i> .....		X
28b	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i> .....		X
28c	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? <i>If 'Yes,' complete Schedule L, Part IV</i> .....		X
29	29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i> .....	X	
30	30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> .....		X
31	31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i> .....		X
32	32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i> .....		X
33	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? <i>If 'Yes,' complete Schedule R, Part I</i> .....		X
34	34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
35a	35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
35b	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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> .....		X
36	36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> .....		X
37	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? <i>If 'Yes,' complete Schedule R, Part VI</i> .....		X
38	38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

BAA

Form 990 (2012)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

	Yes	No
<b>1 a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1 a</b> 8	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1 b</b> 3	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1 c</b> X	
<b>2 a</b> 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	<b>2 a</b> 0	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2 b</b>	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		
<b>3 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3 a</b>	X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	<b>3 b</b>	
<b>4 a</b> 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)?	<b>4 a</b>	X
<b>b</b> If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5 a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5 b</b>	X
<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	<b>5 c</b>	
<b>6 a</b> 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?	<b>6 a</b>	X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6 b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> 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?	<b>7 a</b> X	
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	<b>7 b</b> X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7 c</b>	X
<b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year	<b>7 d</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7 e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7 f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7 g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7 h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9 a</b>	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9 b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10 a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10 b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	<b>11 a</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11 b</b>	
<b>12 a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12 a</b>	
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	<b>12 b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13 a</b>	
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> 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	<b>13 b</b>	
<b>c</b> Enter the amount of reserves on hand	<b>13 c</b>	
<b>14 a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14 a</b>	X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	<b>14 b</b>	

**Part VI Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI. ☒**Section A. Governing Body and Management**

	Yes	No
<b>1 a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1 a</b> 10 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.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent ..... <b>1 b</b> 10		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? .....		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .....		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b> Did the organization have members or stockholders? .....	X	
<b>7 a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? .....		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? .....	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b> 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 .....		X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► New York

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**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:  
 ► Christine McCarty P.O. Box 1007 Manhasset NY 11030 (516) 627-2375

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** 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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Pam Kenlon President	5.00	X		X				0.	0.	0.
(2) Elisa Paone VP Research	5.00	X		X				0.	0.	0.
(3) Dorothy Forte VP Outreach	5.00	X		X				0.	0.	0.
(4) Jeannette Reilly VP Junior Coalition	10.00	X		X				0.	0.	0.
(5) Christine McCarty Treasurer	5.00	X		X				0.	0.	0.
(6) Lynn Minutillo Secretary	5.00	X		X				0.	0.	0.
(7) Kathleen Barry Director	5.00	X						0.	0.	0.
(8) Laura Hull Director	5.00	X						0.	0.	0.
(9) Joy Sargent Director	5.00	X						0.	0.	0.
(10) Janet Price Director	5.00	X						0.	0.	0.
(11) Laura Dilimetin Gen Counsel	5.00			X				0.	0.	0.
(12) Jean O'Malley Director	5.00	X						0.	0.	0.
(13) Debra Arenare VP IT	5.00			X				0.	0.	0.
(14) Grace Mahler PT YR President	5.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
<b>1 b Sub-total</b> .....								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....								0.	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 ►

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 .....

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		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 .....

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 .....

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

**Part VIII Statement of Revenue**Check if Schedule O contains a response to any question in this Part VIII ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	<b>1 a</b> Federated campaigns .....	<b>1 a</b>				
	<b>b</b> Membership dues .....	<b>1 b</b> 1,456.				
	<b>c</b> Fundraising events .....	<b>1 c</b> 210,676.				
	<b>d</b> Related organizations .....	<b>1 d</b>				
	<b>e</b> Government grants (contributions) ....	<b>1 e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1 f</b> 101,183.				
	<b>g</b> Noncash contributions included in lns 1a-1f: \$	40,251.				
	<b>h Total.</b> Add lines 1a-1f .....	313,315.				
PROGRAM SERVICE REVENUE	<b>Business Code</b>					
	<b>2 a</b> -----					
	<b>b</b> -----					
	<b>c</b> -----					
	<b>d</b> -----					
	<b>e</b> -----					
	<b>f</b> All other program service revenue ....					
<b>g Total.</b> Add lines 2a-2f .....						
OTHER REVENUE	<b>3</b> Investment income (including dividends, interest and other similar amounts) .....	334.	0.	0.	334.	
	<b>4</b> Income from investment of tax-exempt bond proceeds ..					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal			
	<b>b</b> Less: rental expenses .....					
	<b>c</b> Rental income or (loss) ...					
	<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .	(i) Securities	(ii) Other			
	<b>b</b> Less: cost or other basis and sales expenses .....					
	<b>c</b> Gain or (loss) .....					
	<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ 210,676. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 112,493.				
	<b>b</b> Less: direct expenses .....	<b>b</b> 100,306.				
	<b>c</b> Net income or (loss) from fundraising events .....	12,187.		0.	12,187.	
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b> 69,035.				
	<b>b</b> Less: direct expenses .....	<b>b</b> 14,733.				
	<b>c</b> Net income or (loss) from gaming activities .....	54,302.	0.	0.	54,302.	
	<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>				
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....					
	<b>Miscellaneous Revenue</b>		<b>Business Code</b>			
	<b>11 a</b> -----					
<b>b</b> -----						
<b>c</b> -----						
<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....	380,138.	0.	0.	66,823.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	226,800.	226,800.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	41,540.	41,540.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	6,640.	0.	6,640.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)				
12 Advertising and promotion				
13 Office expenses	16,534.	0.	1,609.	14,925.
14 Information technology	2,634.	0.	2,634.	0.
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,454.	0.	2,454.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Supplies & other	7,912.	3,643.	3,408.	861.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	304,514.	271,983.	16,745.	15,786.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X. ☐

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	<b>1</b> Cash — non-interest-bearing .....	16,742.	<b>1</b>	19,057.
	<b>2</b> Savings and temporary cash investments .....	128,116.	<b>2</b>	187,450.
	<b>3</b> Pledges and grants receivable, net .....	4,087.	<b>3</b>	5,407.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	2,771.	<b>9</b>	2,742.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments — publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments — other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments — program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	151,716.	<b>16</b>	214,656.	
<b>LIABILITIES</b>	<b>17</b> Accounts payable and accrued expenses .....	309.	<b>17</b>	425.
	<b>18</b> Grants payable .....	15,000.	<b>18</b>	4,000.
	<b>19</b> Deferred revenue .....	3,300.	<b>19</b>	1,500.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 ..		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	18,609.	<b>26</b>	5,925.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	78,427.	<b>27</b>	157,593.
	<b>28</b> Temporarily restricted net assets .....	54,680.	<b>28</b>	51,138.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	133,107.	<b>33</b>	208,731.
	<b>34</b> Total liabilities and net assets/fund balances .....	151,716.	<b>34</b>	214,656.

BAA

Form 990 (2012)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	380,138.
2	Total expenses (must equal Part IX, column (A), line 25)	2	304,514.
3	Revenue less expenses. Subtract line 2 from line 1	3	75,624.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	133,107.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	208,731.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

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

BAA

Form 990 (2012)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

MANHASSET WOMEN'S COALITION AGAINST BREAST CANCER INC.

Employer identification number

11-3428858

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

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

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11 g (i)	
(ii) A family member of a person described in (i) above? .....	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11 g (iii)	

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

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

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') .....	284,857.	259,946.	271,472.	307,667.	313,315.	1,437,257.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ....						
4 <b>Total.</b> Add lines 1 through 3 ...	284,857.	259,946.	271,472.	307,667.	313,315.	1,437,257.
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) ...						102,238.
6 <b>Public support.</b> Subtract line 5 from line 4 .....						1,335,019.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4 .....	284,857.	259,946.	271,472.	307,667.	313,315.	1,437,257.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1,307.	1,210.	866.	309.	334.	4,026.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
11 <b>Total support.</b> Add lines 7 through 10 .....						1,441,283.
12 Gross receipts from related activities, etc (see instructions) .....					12	714,344.
13 <b>First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	14	92.63 %
15 Public support percentage from 2011 Schedule A, Part II, line 14 .....	15	90.79 %

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. ☒

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

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

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

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ☐

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

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

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.') .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6</b> Total. Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8</b> Public support (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.) .....						
<b>14</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%
<b>19a</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b</b> 33-1/3% support tests — 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>20</b> Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....	<input type="checkbox"/>	

**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).









**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**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.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Employer identification number

MANHASSET WOMEN'S COALITION AGAINST BREAST CANCER INC.

11-3428858

**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.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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 a 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.

b 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:

(i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ .....

(ii) 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:

a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ .....

b Assets included in Form 990, Part X ..... ▶ \$ .....

**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.

1 a 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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1 c	
1 d	
1 e	
1 f	

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

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1 a 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%.

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

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

BAA

Schedule D (Form 990) 2012

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

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

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

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

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
(11) .....	
<b>Total.</b> (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		<b>1</b>	495,177.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	<b>2a</b>		
b	Donated services and use of facilities	<b>2b</b>		
c	Recoveries of prior year grants	<b>2c</b>		
d	Other (Describe in Part XIII.)	<b>2d</b>	115,039.	
e	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	115,039.
3	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	380,138.
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 7b	<b>4a</b>		
b	Other (Describe in Part XIII.)	<b>4b</b>		
c	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	380,138.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements		<b>1</b>	419,553.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	<b>2a</b>		
b	Prior year adjustments	<b>2b</b>		
c	Other losses	<b>2c</b>		
d	Other (Describe in Part XIII.)	<b>2d</b>	115,039.	
e	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	115,039.
3	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	304,514.
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 7b	<b>4a</b>		
b	Other (Describe in Part XIII.)	<b>4b</b>		
c	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	304,514.

**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.

Pt XII Line 2d Direct benefits

Pt XI Line 2d Direct benefits

Pt X Line 2 Accounting Standards Codification ("ASC") 740-10-05 relates to the

Pt X Line 2 accounting and reporting of uncertainties in income taxes

Pt X Line 2 and, for the Coalition, could be applicable to the incurrence

Pt X Line 2 of unrelated business income tax. The Coalition has not identified

Pt X Line 2 or provided for any such instances.

**Part XIII** Supplemental Information *(continued)*

Area for supplemental information with horizontal dashed lines.

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2012

## Open to Public Inspection

Name of the organization

MANHASSET WOMEN'S COALITION AGAINST BREAST CANCER INC.

Employer identification number

11-3428858

## Part I

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 Ladies Night Out (event type)	(b) Event #2 Walk/Run (event type)	(c) Other events 2 (total number)	(d) Total events (add column (a) through column (c))
1	Gross receipts .....	228,554.	38,823.	50,888.	318,265.
2	Less: Charitable contributions .....	167,608.	27,312.	15,756.	210,676.
3	Gross income (line 1 minus line 2) .....	60,946.	11,511.	35,132.	107,589.
DIRECT EXPENSES	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....	70,986.	5,407.	23,870.
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			100,263.
	11	Net income summary. Combine line 3, column (d), and line 10 .....			7,326.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
1	Gross revenue .....			69,035.	69,035.
DIRECT EXPENSES	2	Cash prizes .....		13,000.	13,000.
	3	Non-cash prizes .....		1,733.	1,733.
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
	6	Volunteer labor .....	Yes _____ % No	X Yes 100.00 % No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) .....			14,733.
	8	Net gaming income summary. Combine lines 1, column (d) and line 7 .....			54,302.

9 Enter the state(s) in which the organization operates gaming activities: New York

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

b If 'No,' explain: \_\_\_\_\_

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

b If 'Yes,' explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers? ☒ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No

## 13 Indicate the percentage of gaming activity operated in:

- |                               |     |          |
|-------------------------------|-----|----------|
| a The organization's facility | 13a | %        |
| b An outside facility         | 13b | 100.00 % |

## 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ Lynn MinutilloAddress ▶ P.O. Box 1007 Manhasset, NY 1103015a Does the organization have a contact with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No

- b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

## c If 'Yes,' enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

## 16 Gaming manager information:

Name ▶ Lynn MinutilloGaming manager compensation ▶ \$ 0.Description of services provided ▶ Raffle Chair☒ Director/officer☐ Employee☐ Independent contractor

## 17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☒ Yes ☐ No

- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 54,302.

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I**  
(Form 990)

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

OMB No. 1545-0047

**2012**

Department of the Treasury  
Internal Revenue Service

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

Open to Public  
Inspection

Name of the organization

MANHASSET WOMEN'S COALITION AGAINST BREAST CANCER INC.

Employer identification number

11-3428858

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Sid Jacobson JCC 300 Forest Drive East Hills NY 11548	11-1976051	C3	8,250.				Outreach
(2) Weill Medical College of 425 East 61st, 8th floor New York NY 10065	13-6094042	C3	150,000.				Research
(3) Adelphi University School of Social Work Garden City NY 11530	11-1630741	C3	10,000.				Support
(4) Memorial Sloan Kettering 633 Third Avenue, 28th fl New York NY 10017	13-1624182	C3	50,000.				Research
(5) -----							
(6) -----							
(7) -----							
(8) -----							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 5

**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.**

TEEA3901 11/30/12

Schedule I (Form 990) (2012)



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2012**

**Open To Public  
Inspection**

► **Complete if the organizations answered 'Yes' on  
Form 990, Part IV, lines 29 or 30.**

► **Attach to Form 990.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

MANHASSET WOMEN'S COALITION AGAINST BREAST CANCER INC.

11-3428858

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art .....				
2 Art – Historical treasures .....				
3 Art – Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities – Publicly traded .....				
10 Securities – Closely held stock .....				
11 Securities – Partnership, LLC, or trust interests ..				
12 Securities – Miscellaneous .....				
13 Qualified conservation contribution – Historic structures .....				
14 Qualified conservation contribution – Other .....				
15 Real estate – Residential .....				
16 Real estate – Commercial .....				
17 Real estate – Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ► (Event supplies) ...	X	50	40,251.	FMV estimate
26 Other ► ( ) ...				
27 Other ► ( ) ...				
28 Other ► ( ) ...				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....

Yes No

30a		X

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....

31	X	
----	---	--

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

32a		X
-----	--	---

b If 'Yes,' describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule M (Form 990) 2012

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

This image shows a full page of white paper with horizontal dashed lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the paper.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

MANHASSET WOMEN'S COALITION AGAINST BREAST CANCER INC.

Employer identification number

11-3428858

Pt VI, Line 19 Available upon request.

Pt VI, Line 11b A draft of the Form 990 is presented to the Board prior to  
meeting, a presentation is made reviewing the form,  
and the Board votes to approve the form with any  
specified adjustments.

Pt VI, Line 12c Organization provides conflict of interests policy to  
Board members. Issues are addressed by the Board as  
circumstances arise.

Pt VI, Line 6 General membership elects the governing body.

Pt VI, Line 7a As above, general membership elects the governing body.

Schedule G (Form 990 or 990EZ), Part IV Supplemental Information

**Part III, Line 17a (continued)**

<b>State Name</b>	<b>Amount</b>
New York	54,302.

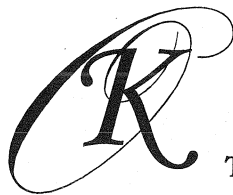
MANHASSET WOMEN'S COALITION AGAINST BREAST CANCER, INC.

FINANCIAL STATEMENTS

DECEMBER 31, 2012

MANHASSET WOMEN'S COALITION AGAINST BREAST CANCER, INC.  
Report on Examination of Financial Statements  
For the Year Ended December 31, 2012

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Statement of functional expenses	6
Notes to financial statements	7-10



**O'KEEFE CPA, LLC**  
375 Fulton Street  
Farmingdale, New York 11735  
Tel. 516-586-4940 Fax. 516-844-7803  
[www.okeefecpa.com](http://www.okeefecpa.com)

## INDEPENDENT AUDITOR'S REPORT

To the Executive Board  
of the Manhasset Women's Coalition Against Breast Cancer, Inc.

We have audited the accompanying financial statements of Manhasset Women's Coalition Against Breast Cancer Inc. (the "Coalition", a nonprofit corporation) which comprise the statement of financial position as of December 31, 2012, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Manhasset Women's Coalition Against Breast Cancer, Inc., as of December 31, 2012, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

*O'Keefe CPA, LLC*

Farmingdale, New York  
August 1, 2013

MANHASSET WOMEN'S COALITION AGAINST BREAST CANCER, INC.  
Statement of Financial Position  
December 31, 2012

	2012
<u>Assets</u>	
Cash and equivalents	\$ 206,507
Pledge receivable	5,407
Prepaid expenses	<u>2,742</u>
Total assets	\$ <u>214,656</u>
<u>Liabilities and Net Assets</u>	
Accounts payable and accrued expenses	\$ 425
Deferred revenue	1,500
Promises to give	<u>4,000</u>
	\$ <u>5,925</u>
Net assets	
Unrestricted- undesignated	\$ 104,996
Unrestricted- designated	52,597
Temporarily restricted	<u>51,138</u>
	<u>208,731</u>
Total liabilities and net assets	\$ 214,656

See accompanying notes and accountant's report.

MANHASSET WOMEN'S COALITION AGAINST BREAST CANCER, INC.  
Statement of Activities  
December 31, 2012

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Totals</u>
Revenue:			
Contributions	\$ 54,639	48,000	102,639
Special events revenue (including related contributions)	392,204		392,204
Investment income	334		334
Other	0		0
Released from restriction	51,542	(51,542)	0
Total revenue	<u>498,719</u>	<u>(3,542)</u>	<u>495,177</u>
Expenses:			
Program	271,983		271,983
Management & general	16,745		16,745
Fundraising	15,786		15,786
Direct costs to donors	115,039		115,039
Total expenses	<u>419,553</u>	<u>0</u>	<u>419,553</u>
Change in net assets	<u>79,166</u>	<u>(3,542)</u>	<u>75,624</u>
Net assets- beginning of year	<u>78,427</u>	<u>54,680</u>	<u>133,107</u>
Net assets- end of year	<u>\$ 157,593</u>	<u>51,138</u>	<u>208,731</u>

See accompanying notes and accountant's report.

MANHASSET WOMEN'S COALITION AGAINST BREAST CANCER, INC.  
Statement of Cash Flows  
December 31, 2012

Cash flows from operating activities:

Change in net assets	\$ 75,624
Adjustments to reconcile change in net assets to cash provided by operating activities:	
Decrease (increase) in prepaid expenses	29
Increase in pledge receivable	(1,320)
Decrease in liabilities	(12,684)
	<hr/>
Net cash provided by operating activities	61,649
	<hr/>
Net increase (decrease) in cash and cash equivalents	61,649
	<hr/>
Cash and cash equivalents, beginning of year	144,858
	<hr/>
Cash and cash equivalents, end of year	\$ 206,507
	<hr/>
Supplemental disclosure of cash paid for interest	\$ 0
	<hr/>

See accompanying notes and accountant's report.

MANHASSET WOMEN'S COALITION AGAINST BREAST CANCER, INC.  
Statement of Functional Expenses  
December 31, 2012

	Total	Outreach, Assistance & grants	Management and General	Fundraising	Costs of direct benefits to donors	Total supporting services
Catering, facilities & gratuities	\$ 41,075	243	1,550		39,282	40,832
Telephone	594		594			594
Printing & postage	15,940		1,015	14,925		15,940
Insurance	2,454		2,454			2,454
Professional fees	6,640		6,640			6,640
Supplies & other	67,134	3,400	1,858	861	61,015	63,734
Raffle cost/prizes	14,742		0		14,742	14,742
Software/Website	2,634		2,634			2,634
Scholarship	1,000	1,000				0
Information binders	2,145	2,145				0
Assistance	38,395	38,395				0
Grants/donations	226,800	226,800				0
	<u>\$ 419,553</u>	<u>271,983</u>	<u>16,745</u>	<u>15,786</u>	<u>115,039</u>	<u>147,570</u>

See accompanying notes and accountant's report.

**O'KEEFE CPA, LLC**  
CERTIFIED PUBLIC ACCOUNTING

MANHASSET WOMEN'S COALITION AGAINST BREAST CANCER, INC.  
NOTES TO FINANCIAL STATEMENTS  
YEAR ENDED DECEMBER 31, 2012

Note 1 – The Coalition and a Summary of Its Significant Accounting Policies

**The Coalition**

The mission of the Manhasset Women's Coalition Against Breast Cancer Inc., (the "Coalition"), is to fund innovative research related to breast cancer, to increase awareness through education, and to provide support services to those with breast cancer and related diseases. The Coalition raises money to be donated to other organizations or groups in support of research related to breast cancer treatment and a cure, and for awareness, support and educational programs. The major fundraising event is an annual philanthropic dinner with other fundraising activities held during the year.

**Basis of Accounting**

The financial statements of the Coalition are prepared on the accrual basis of accounting.

**Financial Statement Presentation**

Under FASB ASC 958, the Coalition is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. In addition, the Coalition is required to present a statement of cash flows. Net assets and changes therein are classified as follows:

Permanently restricted net assets - Net assets subject to donor-imposed stipulations.

Temporarily restricted net assets - Net assets subject to donor-imposed stipulations that may be met by actions of the Coalition or the passage of time.

Unrestricted net assets - Net assets not subject to donor-imposed stipulations.

Revenues are reported as increases in unrestricted net assets unless use of the related assets is limited by donor-imposed restrictions. Expenses are reported as decreases in unrestricted net assets. Gains and losses on investments and other assets or liabilities are reported as increases or decreases in unrestricted net assets unless their use is restricted by explicit donor stipulations or law. Expirations of temporary restrictions on net assets, that is, the donor-imposed stipulated purpose has been accomplished and/or the stipulated time period has elapsed, are reported as reclassifications between the applicable classes of net assets. Restrictions met in the same period are treated as unrestricted. Certain items have been reclassified from that shown in the prior year's presentation.

**Contributions**

Contributions are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence or nature of any donor restrictions.

MANHASSET WOMEN'S COALITION AGAINST BREAST CANCER, INC.  
NOTES TO FINANCIAL STATEMENTS  
YEAR ENDED DECEMBER 31, 2012

**Contributed goods**

The Coalition received contributed merchandise, which was then auctioned or held as a prize for a raffle or sweepstake. For auctioned items, such amounts are reflected as contributions equal to the amount received at auction. For raffles, the value of donated items is shown as a contribution, the proceeds of the raffle are shown as income from a special event, and the value of the donated item is shown as a cost associated with a special event.

**Capitalization policy**

The Coalition expenses all such items below the threshold of \$2,000.

**Income Taxes**

The Coalition is a not-for-profit organization that is exempt from income taxes under Section 501 (c)(3) of the Internal Revenue Code for activities related to its exempt purpose. Accounting Standards Codification ("ASC") 740-10-05 relates to the accounting and reporting of uncertainties in income taxes and, for the Coalition, could be applicable to the incurrence of unrelated business income tax. The Coalition has not identified or provided for any such instances. The Coalition's Forms 990, Return of Organization Exempt from Income Tax, for the years ending 2010, 2011, and 2012 are subject to examination by the IRS, generally for three years after they were filed.

**Investments**

Investments in marketable securities are reported at their fair values, based upon readily available market quotations. Unrealized gains and losses are included in the change in net assets. Donated securities are recorded at their fair values on the dates of the gifts.

**Cash and Cash Equivalents**

For purposes of the statement of cash flows, the Coalition considers all highly liquid investments available for current use with an initial maturity of three months or less to be cash equivalents.

**Use of Estimates**

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of net assets at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Contributed Services**

The Coalition receives contributed services in the operation of its various programs and in the administration of the organization. Since it is impractical to measure such services, no such amounts have been reflected in the financial statements.

MANHASSET WOMEN'S COALITION AGAINST BREAST CANCER, INC.  
NOTES TO FINANCIAL STATEMENTS  
YEAR ENDED DECEMBER 31, 2012

**Pledges receivable**

Represents unconditional promises to donate to the Coalition and totaled \$5,407 at December 31, 2012. Pledges receivable at December 31, 2012 are expected to be received within the year and consequently are not discounted. No allowance is deemed necessary.

Note 2 – Temporary Restrictions

The Coalition's major fundraising event designates a primary beneficiary. The amount of funds approved by the Board to be donated to this beneficiary is considered 'temporarily restricted' until either paid or until an unconditional promise to give is made while the remainder of proceeds is considered unrestricted. At December 31, 2012 the temporarily restricted fund balance represents funds relating to the Coalition's Outreach program. Funds raised in the memory of an individual are classified as "unrestricted- designated" or "unrestricted- other" as designated by the Coalition. Cash balances will fund the restricted amounts.

Note 3 - Concentrations

The Coalition maintains its bank account primarily at one bank but uses a second bank when funds approach the FDIC limit. Accounts at an institution are presently insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. The Coalition serves a particular geographic area with the significant balance of support coming from this community. In addition, the substantial balance of its fundraising activities related to an annual fundraising dinner.

Note 4- Fair Value Measurements

The fair value of assets measured at December 31, 2012 is as follows:

		Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)
Cash & equivalents (measured on recurring basis)	\$	206,507	206,507
Totals	\$	206,507	206,507

MANHASSET WOMEN'S COALITION AGAINST BREAST CANCER, INC.  
NOTES TO FINANCIAL STATEMENTS  
YEAR ENDED DECEMBER 31, 2012

ASC 820-10-05 establishes a three-level valuation hierarchy of fair-value measurements: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority.

Level 1 Fair Value Measurements

The fair value of investments is determined by reference to quoted market prices and other relevant information generated by market transactions.

Note 5- Subsequent events

The Coalition performed an evaluation of subsequent events through August 1, 2013, the date the statements were available to be issued.