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Form **990-PF**

Department of the Treasury

Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

For calen	dar year 2009, or tax year beginning		, and ending		
G Check	all that apply: Initial return	Initial return of a	ormer public charity	Final return	n
	Amended return	Address cha	nge	Name change	
Use the I	Name of foundation			A Employer identification	n number
label	CATHERINE BOULAY FOU				
Otherwis				14-1983978	3
print	Number and street (or P O box number if mail is not	t delivered to street address)	Room/suite	B Telephone number	
or type	" PAAO HUHIOH DIKHHI			610-966-34	166
See Spec Instructio	City or town, state, and ZIP code			C If exemption application is p	pending, check here
	ALLENTOWN, PA 18103			D 1 Foreign organization	s, check here 🕨 🔙
H Check	type of organization: X Section 501(c)(3)	exempt private foundation		Foreign organizations ma check here and attach or	eeting the 85% test, omputation
Sec	tion 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation	E If private foundation sta	atus was terminated
I Fair ma	ket value of all assets at end of year J A <u>ccou</u>	nting method: X Cash	Accrual	under section 507(b)(1	
(from P	art II, col (c), line 16)	Other (specify)		F If the foundation is in a	60-month termination
_ \$	14,689. (Part I, co	olumn (d) must be on cash	basis)	under section 507(b)(1)(B), check here 🕨 📖
Part I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
	necessarily equal the amounts in column (a))	expenses per books	income	Income	(cash basis only)
1	Contributions, gifts, grants, etc., received	10,314.	- 4 2 x 4 x ** * 2 x x	* * * * * * * * * * * * * * * * * * *	
	Check 🕨 🗶 If the foundation is not required to attach Sch. B	***	*** * * * * * * * * * * * * * * * * *		
3	Interest on savings and temporary cash investments	16.	16.		STATEMENT 1
4	Dividends and interest from securities				7 - · · · · · · · · · · · · · · · · · ·
5a	Gross rents				*** *** ***
b	Net rental income or (loss)	, j			i i di i
6a	Net gain or (loss) from sale of assets not on line 10	- 1			*
Revenue	Gross sales price for all assets on line 6a	EIN ドラジ		××	**
8 7	Capital gain net income (from Part IV, line 2)	- 131	0.	***	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
8	Net short-term capital gain	Idal Dine at			
9	Income modifications ISI NIG		* _ mq _** _g,		x 3 4, m) x
	Gross sales less returns and allowances	115.	'^** * * * * * * * * * * * * * * * * * *	***	
	Less Cost of goods sold	TIEDLE	***	/***	* * * * * * * * * * * * * * * * * * *
	Gross profit or (loss)		·		
11	Other income				**
12	Total Add lines 1 through 11	10,330.	16.	0.	
13	Compensation of officers, directors, trustees, etc	0.	0.	0.	0
13 14 15 16a b	Other employee salaries and wages				
15	Pension plans, employee benefits				
8 16a	Legal fees STMT 2	975.	0.	0.	0
у 🖺 🖟	Accounting fees				
Operating and Administrative Expension 12 12 12 12 12 12 12 12 12 12 12 12 12	Other professional fees STMT 3	300.	0.	0.	0
9 17	Interest				
면 18	Taxes				
를 19	Depreciation and depletion				* * * * * * * * * * * * * * * * * * * *
E 20	Occupancy	392.	0.	0.	0
Ø 21	Fravel, conferences, and meetings		<u>_</u>	=-	
22	Printing and publications	911.	0.	0.	0
g 23	Other expenses STMT 4	3,012.	0.	0.	0
# 24	Fotal operating and administrative	370121		<u> </u>	
er.	expenses Add lines 13 through 23	5,590.	0.	0.	0
ဝီ ₂₅	Contributions, gifts, grants paid	2,330.			
i i	Total expenses and disbursements.	-	<u> </u>		
1	Add lines 24 and 25	5,590.	0.	0.	0
	Subtract line 26 from line 12:	3, 3, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	× × × × × × × × × × × × × × × × × × ×		70 x 12 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Excess of revenue over expenses and disbursements	4,740.			***** ********************************
	excess of revenue over expenses and dispursements Vet investment income (if negative, enter -0-)	17. P. 17. P. 17. T. 17	16.		100000000000000000000000000000000000000
1		** E# Territy	* ** 1	0.	
	Adjusted net income (if negative, enter -0-)	## ### ### ## 1 - 1 - 1 - 1 - 1 - 1 - 1	* ** ***	<u> </u>	

923501 02-02-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions 3

		00-PF (2009) SUPPORT OF WOMEN'S CANC			<u>-1983978 </u>
D	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		of year
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	9,949.	14,689.	14,689.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable	7		
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons	machille of the		
	7	Other notes and loans receivable		****	
		Less: allowance for doubtful accounts			
2	8	Inventories for sale or use			·
S		Prepaid expenses and deferred charges			
<	10a	Investments - U.S. and state government obligations			
	1	investments - corporate stock			
	C	Investments - corporate bonds	2 2 3 4 50 50	·	
	11	Investments - land, buildings, and equipment, basis		, , , , , , , , , , , , , , , , , , ,	- Minerality Milks X X Japan an
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other	7 . e ×× 5 . e ^ r = ×× 00 . w		
	14	Land, buildings, and equipment; basis ▶			- *** *** *** ·
		Less accumulated depreciation			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers)	9,949.	14,689.	14,689.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
ge	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
				_	
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
'n		and complete lines 24 through 26 and lines 30 and 31.			
<u> </u>	24	Unrestricted	9,949.	14,689.	* * * * * * * * * * * * * * * * * * *
ğ	ı	Temporarily restricted			
rund bala	26	Permanently restricted .			
Ĕ		Foundations that do not follow SFAS 117, check here			
_		and complete lines 27 through 31.			
2	1	Capital stock, trust principal, or current funds			
200	1	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ĭ	29	Retained earnings, accumulated income, endowment, or other funds			
2	30	Total net assets or fund balances	9,949.	14,689.	*** **
_	31	Total liabilities and net assets/fund balances	9,949.	14,689.	× × × × × × × × × × × × × × × × × × ×
P	art	III Analysis of Changes in Net Assets or Fund B	Balances		
_	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		at agree with end-of-year figure reported on prior year's return)		1	9,949.
	•	r amount from Part I, line 27a		2	4,740.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	14,689.
		eases not included in line 2 (itemize)	*	5	0.
		V			

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14,689.

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Form 990-PF (2009) SUP	PORT C	E BOULAY FOR	CANCER	S INC.			14-1	9839	78 Page 3
					(b) Ho	ow acquired Purchase Donation	(c) Date acquir (mo., day, yr.	ed)	(d) Date sold (mo., day, yr.)
1a ·									
b NO	NE		. 		<u> </u>				
d					\vdash				
e									
(e) Gross sales price		reciation allowed or allowable)		st or other basis expense of sale			(h) Gain or (e) plus (f) m		
<u>a</u>									
<u>b</u>									
d d				•				·	
e									_
Complete only for assets showing			•				(I) Gains (Col. (h) ol. (k), but not les		
(i) F.M.V. as of 12/31/69		Adjusted basis of 12/31/69		cess of col. (1) col. (1), if any			Losses (from		
b							_		
C			···					•	-
d									
e									
2 Capital gain net income or (net ca	ıpıtal loss)	$ \begin{cases} \text{ If gain, also enter} \\ \text{ If (loss), enter -0-} \end{cases} $	in Part I, line in Part I, line	7 7	}	2			
Net short-term capital gain or (los if gain, also enter in Part I, line 8,		I in sections 1222(5) and	d (6).		}	2			
If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder Sec	ction 4940(e) for	Reduced	Tax on Net	Inve	stment In	come		
(For optional use by domestic private if section 4940(d)(2) applies, leave th Was the foundation liable for the sec if "Yes," the foundation does not qual	his part blank tion 4942 tax lify <u>under sec</u>	on the distributable amo	ount of any ye	ear in the base per	rıod?				Yes X No
1 Enter the appropriate amount in	each column	for each year; see instru	ctions before	making any entri	es.			(4)	
(a) Base period years Calendar year (or tax year beginnii	ng in)	(b) Adjusted qualifying disti		Net value of no	(c) encharit		s (col. (l	(d) Distribution b) divided	by col. (c))
2008		" "	0.		<u>-</u>	3,590 31:			.000000
2007 2006			0.				7.		.000000
2005									
2004									
2 Total of line 1, column (d)							2		.000000
3 Average distribution ratio for the the foundation has been in exister			n line 2 by 5,	or by the number	of year	S	3		.000000
Finter the net value of noncharitab	le-use assets	s for 2009 from Part X, II	ne 5				4	_	12,428.
5 Multiply line 4 by line 3							5		0.
3 Enter 1% of net investment incom	ne (1% of Par	t I, line 27b)					6		0.
7 Add lines 5 and 6							7		0.
B Enter qualifying distributions from	n Part XII, line	? 4					8		0.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check	the box in Part VI, line	1b, and comp	lete that part usin	g a 1%	tax rate.			

CATHERINE BOULAY FOUNDATION FOR Form 990-PF (2009) SUPPORT OF WOMEN'S CANCERS INC Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see Part VI 1a Exempt operating foundations described in section 4940(d)(2), check here
and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) b Domestie foundations that meet the section 4940(e) requirements in Part V, check here ► L of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 0. Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-Credits/Payments: a 2009 estimated tax payments and 2008 overpayment credited to 2009 6a b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6c 6d d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 0 Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 0. 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Enter the amount of line 10 to be: Credited to 2010 estimated tax Refunded > Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in No Yes 1a any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities c Did the foundation file Form 1120-POL for this year? **d** Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0 • (2) On foundation managers. ► \$ 0. (1) On the foundation. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation 0. managers. > \$ 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or 3 Х bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? N/A 4h b If "Yes," has it filed a tax return on Form 990-T for this year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 If "Yes," attach the statement required by General Instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?

Form **990-PF** (2009)

7

8b

10

PA

7 Did the foundation have at least \$5,000 in assets at any time during the year?

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

of each state as required by General Instruction G? If "No," attach explanation

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

If "Yes," complete Part II, col (c), and Part XV

	14-198 SUPPORT OF WOMEN'S CANCERS INC.	<u> </u>		r aye u
	art.VII-At Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address WWW.CATHERINEBOULAYFOUNDATION.ORG			
14	The books are in care of ► RICHARD BOULAY Telephone no. ► 610-9	66-3	466	
	Located at ▶ 1810 WOODS HOLLOW LANE, ALLENTOWN, PA ZIP+4 ▶1			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
Pε	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	* 20°E .	Yes	No
1a	During the year did the foundation (either directly or indirectly):	17.49	. × ×	30.00
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	- AE	****	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)) " # ***,) " # ***,	**	* * * * * * * * * * * * * * * * * * *
	a disqualified person?		۳	5 7: *
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			*
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	ž.	5. 2	*
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	,		, %,
	if the foundation agreed to make a grant to or to employ the official for a period after	*	*	, , ,
	termination of government service, if terminating within 90 days.)	* * * * ' * ' * ' * ' * ' * ' * ' * ' *	z	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	%** %*	, = '	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here	, s- *	á v	* *
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		* · · · · · · · · · · · · · · · · · · ·	
	before the first day of the tax year beginning in 2009?	1c		_X_
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	* * * * * * * * * * * * * * * * * * *	- 10 mm	
	defined in section 4942(j)(3) or 4942(j)(5)):		,1%	4 7 5
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	F. C.	20	* * * * * * * * * * * * * * * * * * * *
	before 2009? LX Yes L No	*x,28, 8 ×	, ,	,
	If "Yes," list the years ▶ 2008 , 2007 , , , , , , , , , , , , , , , , , ,	*******		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		<i>".</i>	-
	statement - see instructions.)	2b	Х	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	,, ,,		y* %t
)	8**	**	x x x x x x x x x x x x x x x x x x x
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	A Am.	- "	886 X
	during the year?	,	*	* _x
b	of "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after	,	~ 1 fel	,
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	a		**
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	(* 4)	*** **	* **
	Form 4720, to determine if the foundation had excess business holdings in 2009)	3b	\longrightarrow	
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	y = - (m)	_X_
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	s -	- g- a 3	», •
	had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		<u>X</u>
	Fo:	rm 990 -	-PF (:	2009)

	1			
	1			
2 Compensation of five highest-paid employees (other than those in	cluded on line 1). If none	, enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
]			
	1			
Total number of other employees paid over \$50,000			•	0

Ð

3 Five highest-paid independent contractors for professional services. If none, en	iter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(2) 1) po oi ooi vioo	(0)
HOHE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant standard of organizations and other beneficiaries served, conferences convened, research papers p	atistical information such as the	Expenses
	roduced, etc.	•
1N/A		
	-	
^		
2		
3		
V		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
3		
	l	

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undations, see	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	% xxx *	
а	Average monthly fair market value of securities	1a	0.
b		1b	0. 12,617.
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	12,617.
е	Reduction claimed for blockage or other factors reported on lines 1a and	* * * *	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	12,617.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	189.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	12,428.
6	Minimum investment return. Enter 5% of line 5	6	621.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part.)	ind certain	
1	Minimum investment return from Part X, line 6	1	621.
2a	Tax on investment income for 2009 from Part VI, line 5		_
b	Income tax for 2009. (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	621.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	621.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	621.
	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1.	0
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
Þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	*	
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	^
_	Income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	0.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualities for the	section

. <u>November 1</u>	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
Distributable amount for 2009 from Part XI,	Corpus	*** * * * * * * * * * * * * * * * * *	**	
line 7	* 1	**************************************	~~	621.
2 Undistributed income, if any, as of the end of 2009	* * * * * * * * * * * * * * * * * * * *		× * - **	
a Enter amount for 2008 only	*		180.	
b Total for prior years:		F522.****		
2007,,	Taran &	<u>16.</u>		
3 Excess distributions carryover, if any, to 2009:			*****	
a From 2004				
b From 2005				
c From 2006				
d From 2007			***************************************	
e From 2008	0.			
f Total of lines 3a through e4 Qualifying distributions for 2009 from	*** *** * * *	y		
Part XII, line 4: > \$ 0.				*****
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior	7 / 3 × 3 × 3 × 3 × 3 × 3 × 3 × 3 × 3 × 3	. 4 1 35 430 433 4 133		1 7,846
years (Election required - see instructions)		0.		- , , , , , , , , , , , , , , , , , , ,
c Treated as distributions out of corpus			, , , , , ,	* '. \ . \ . \ . \ . \ . \ . \ . \ . \ .
(Election required - see instructions)	0.			- W. 2
d Applied to 2009 distributable amount	and Allenger Ville		, " \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009	0.		* ** #1.25	0.
(If an amount appears in column (d), the same amount must be shown in column (a))			*	The same state of the same sta
6 Enter the net total of each column as				
indicated below:	Entropy of the second of the s			
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.	- 12 x 12 x x	800,491	THE TAXABLE TO SELECTION OF THE PARTY OF THE
b Prior years' undistributed income. Subtract		4.5		
line 4b from line 2b	- 1	16.		[] [] [] [] [] [] [] [] [] []
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously	** ***	0.		
assessed	***************************************	U •		**************************************
d Subtract line 6c from line 6b. Taxable	· · · · · · · · · · · · · · · · · · ·	16.		*
amount - see instructions e Undistributed income for 2008. Subtract line	***************************************	* '** *	, , , , , , , , , , , , , , , , , , ,	1 - 12 - 73 - 4 × × × × × × × × × × × × × × × × × ×
4a from line 2a. Taxable amount - see instr.	7 * - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*	180.	The state of the s
f Undistributed income for 2009. Subtract	- "	, % see 4 , , , , , , , , , , , , , , , , , ,		
lines 4d and 5 from line 1. This amount must	*** - 7 , 5 , 7			
be distributed in 2010	** * * * * * * * * * * * * * * * * * *		ror	621.
7 Amounts treated as distributions out of		white state of the same		1.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.		7 2mg v v v v v v v v v v v v v v v v v v v	, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
8 Excess distributions carryover from 2004			- Friend - William Gradie -	8
not applied on line 5 or line 7	0.	** ** ** **		1
9 Excess distributions carryover to 2010				
Subtract lines 7 and 8 from line 6a	0.	** 1.5	(1) x()	
O Analysis of line 9		* * * * * * * * * * * * * * * * * * * *	***	
a Excess from 2005	* * * * * * * * * * * * * * * * * * *			
b Excess from 2006		* * * * * * * * * * * * * * * * * * *	**** : ***** : **** : **** : **** : **** : **** : **** : **** : **** : ***** : **** : **** : **** : **** : **** : **** : **** : **** : ***** : **** : **** : **** : **** : **** : **** : **** : **** : ***** : **** : **** : **** : **** : **** : **** : **** : **** : **** : **** : **** : **** : **** : **** : **** : **** : **** : ****	
c Excess from 2007	*****		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
d Excess from 2008			rani - vari	
e Excess from 2009	1 × 2 1 × 2 1 5 1 1	**************************************	*c + %	

923581 02-02-10

SUPPORT OF WOMEN'S CANCERS INC.

1	4 -	1	9	8	3	9	7	8

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Part XIV Private Operating F	oundations (see ins	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2009, enter the date of t	he ruling	▶		<u></u>
b Check box to indicate whether the found	dation is a private operatin	g foundation described i		4942(J)(3) or 49)42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	41,0000	Prior 3 years	(4) 0000	(-) T-A-1
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public				-	
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)		!			
(3) Largest amount of support from		- •			
an exempt organization					
(4) Gross investment income					-
Part XV Supplementary Info	rmation (Comple	te this part only i	f the foundation	had \$5,000 or mo	ore in assets
at any time during t	the year-see the i	nstructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh	no have contributed more t	han 2% of the total contr	ibutions received by the	foundation before the clos	se of any tax
year (but only if they have contributed r	nore than \$5,000). (See se	ection 507(d)(2).)			
NONE					
b List any managers of the foundation who other entity) of which the foundation ha			or an equally large portio	n of the ownership of a pa	artnership or
NONE					
2 Information Regarding Contribut	ion. Grant. Gift. Loan.	Scholarship, etc., Pro	ograms:		
Check here ▶ ☐ If the foundation of				ot accept unsolicited regu	ests for funds If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	ber of the person to whom	applications should be	addressed:		
RICHARD BOULAY, 610-					
3440 LEHIGH STREET,		PA 18103			
b The form in which applications should t	e submitted and informat	on and materials they sh	ould include;		
c Any submission deadlines:					
A Annua of motivation and institution of the state of the		Lorono obsertable field	kunda of institutions -	thar factors:	
d Any restrictions or limitations on award	s, such as by geographica	i areas, charitable fields, l	kinas or institutions, or o	ther factors:	

CATHERINE BOULAY FOUNDATION FOR Form 990-PF (2009) SUPPORT OF WOMEN'S CANCERS INC. 14-1983978 Page 11 Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor a Paid during the year NONE ▶ 3a 0. Total **b** Approved for future payment NONE

Total 923611 02-02-10

Form **990-PF** (2009)

▶ 3b

0.

nter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	741100111	code	Amount	
a					
b					
C			+ +		
d			+ +		
f			+-		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
Interest on savings and temporary cash					
investments			14	16.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:	<u> </u>		i ma L-		A Longia
a Debt-financed property			<u> </u>		
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property		·			
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory Net income or (loss) from special events					· ·
Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b					
C					
d					
е					<u> </u>
2 Subtotal. Add columns (b), (d), and (e)	×	0.	, «×	16.	0
3 Total Add line 12, columns (b), (d), and (e)				13	16
See worksheet in line 13 instructions to verify calculations)					
Part XVI-B Relationship of Activities t	o the Acco	mplishment of E	kempt	Purposes	
Line No. Explain below how each activity for which inco			A contribi	uted importantly to the accomp	olishment of
the foundation's exempt purposes (other than	by providing fun	ds for such purposes).			

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
-	
_	

Page 13

	Exempt Organizations					
1	Did the organization directly or indirectly engage in any of the following	ng with any other organization	on described in section 501(c) of	kua" " "	Yes	No
	the Code (other than section 501(c)(3) organizations) or in section 5	27, relating to political organ	uzations?	اميرا	~	*
а	Transfers from the reporting foundation to a noncharitable exempt or	rganization of:			>2 - 2 - €	Í
	(1) Cash			1a(1)		X
	(2) Other assets			1a(2)		X
Ь	Other transactions:			τ.		r '
	(1) Sales of assets to a noncharitable exempt organization			1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization			1b(2)		X
	(3) Rental of facilities, equipment, or other assets			1b(3)		Х
	(4) Reimbursement arrangements			1b(4)		Х
	(5) Loans or loan guarantees			1b(5)		Х
	(6) Performance of services or membership or fundraising solicitation	ons		1b(6)		Х
C	Observe of facilities and another lights of her appets or paid on			1c		Х
d	and the state of t		ways show the fair market value of the goo	ods, other ass	ets,	
_	or services given by the reporting foundation. If the foundation receiv				-	
	column (d) the value of the goods, other assets, or services received		,	•		
(a)	Line no (b) Amount involved (c) Name of noncharitable		(d) Description of transfers, transactions	, and sharing an	angeme	ents
,	N/A					
						
					_	
-						
_						
						
					_	
				<u> </u>	-	
						
2a	a Is the foundation directly or indirectly affiliated with, or related to, one		zations described		77	٦
	in section 501(c) of the Code (other than section 501(c)(3)) or in sec	ction 5277		Yes	X	No
b	o If "Yes," complete the following schedule.	1 (1) T	() D			
	(a) Name of organization	(b) Type of organization	(c) Description of relat	Jonsnip		
	N/A					
						
						
	Under penalties of perjury, I declare that I have examined this return, including accomplete Declaration of preparer (other than taxpayer or fiduciary) is based or	companying schedules and statem a all information of which preparer	nents, and to the best of my knowledge and belief	, it is true, corre	ct,	
l	and complete occupantion of propaga (curior main appears) or massagy, to success or	10/10/10	L//			
		12/12/10	f- week			
gn Here	Signature of officer or trustee	Date	Title			
	Preparer's \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	· COI	Oate Check If self-	reparer's identify	ing num	iber
9	Freparer S signature S signatu		7/23/10 employed ▶			
	Firm's name (or yours CAMPBELL RAPPOLD &	YURASITS LLP	EIN ►			
	if self employed). 1033 S CEDAR CREST					
	address, and ZIP code ALLENTOWN, PA 18103		Phone no. (6	<u>10)435</u>		
				Form 990	- PF (2009)

FORM 990-PF INTEREST ON SAVI	INGS AND TEM	IPORARY CASH I	NVESTMENTS S	TATEMENT 1
SOURCE				AMOUNT
OPERATING ACCOUNT				16.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A		16.
FORM 990-PF	LEGAL	FEES	s	TATEMENT 2
DESCRIPTION		(B) NET INVEST- MENT INCOME	ADJUSTED	
LEGAL FEES	975.	0.	0.	0.
TO FM 990-PF, PG 1, LN 16A	975.	0.	0.	0.
FORM 990-PF C	THER PROFES	SIONAL FEES	S	TATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS			
WEB HOSTING	300.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	300.	0.	0.	0.
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
SUPPLIES POSTAGE INSURANCE	1,731. 44. 769.	0. 0. 0.	0.	0.
MISCELLANEOUS TELEPHONE	214. 254.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 23	3,012.	0.	0.	0.

	LIST OF OFFICERS, DI AND FOUNDATION MANAG		STAT	EMENT 5
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RICHARD M. BOULAY, MD	PRESIDENT 4.00	0.	0.	0.
LAURIE MCCARTHY-SCHUTT	VICE PRESIDENT 4.00	0.	0.	0.
BEATRICE CHRISTOFF	TREASURER 4.00	0.	0.	0.
CHRISTINE CROSBIE	SECRETARY 4.00	0.	0.	0.
JESSICA MARUSHAK	PRESIDENT ELECT	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	E 6, PART VIII	0.	0.	0.

Form 8868

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

• If you are a		
•	filing for an Automatic 3-Month Extension, complete only Part I and check this box	X
Do not comple	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this fite Part II unless you have already been granted an automatic 3-month extension on a previously filed	
Paril Auto	matic 3-Month Extension of Time. Only submit original (no copies needed)	
	required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete
Part I only		▶ ∟
	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to requested to request	uest an extension oi
one of the re electronically returns, or a c	ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic exteturns noted below (6 months for a corporation required to file Form 990-T). However, you can if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 60 composite or consolidated From 990-T. Instead, you must submit the fully completed and signed page details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & N	nnot file Form 8868 069, or 8870, group ge 2 (Part II) of Form
Type or	Name of Exempt Organization Employer i	identification number
print	CATHERINE BOULAY FOUNDATION 14-1983	3978
le by the	Number, street, and room or suite no. If a P.O. box, see instructions	
due date for	P O BOX 323, 3440 LEHIGH STREET	
filing your return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
nstructions	ALLENTOWN, PA 18103	
Check type o	f return to be filed (file a separate application for each return)	
Form 990	Form 990-T (corporation) Form 4720	
Form 990		
Form 990	,	
X Form 990	-PF Form 1041-A Form 8870	
Telephone If the organ	are in the care of RICHARD BOULAY, 1810 WOODS HOLLOW LN, ALLENTOWN PA No 610-966-6400 FAX No	
Telephone If the organ If this is for for the whole goames and EIN 1 I reques until AUG	No ▶ 610-966-6400 FAX No ▶ Inization does not have an office or place of business in the United States, check this box	If this is list with the extension of time
Telephone If the organ If this is for for the whole genames and EIN 1 I reques until AUG for the organ	No ► 610-966-6400 FAX No ► Inization does not have an office or place of business in the United States, check this box a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box ► and attach a like of all members the extension will cover to an automatic 3-month (6 months for a corporation required to file Form 990-T) of the exempt organization return for the organization named abore ganization's return for	If this is list with the extension of time
Telephone If the organ If this is for for the whole goames and EIN 1 I reques until AUG	FAX No Fization does not have an office or place of business in the United States, check this box a Group Return, enter the organization's four digit Group Exemption Number (GEN) group, check this box . Fig. 16 it is for part of the group, check this box . Fig. 16 and attach a large of all members the extension will cover to an automatic 3-month (6 months for a corporation required to file Form 990-T) and attach a large of the exempt organization return for the organization named abord ganization's return for calendar year 2009 or	If this is list with the extension of time
Telephone If the organ If this is for for the whole gonames and EIN 1 I reques until AUG for the organization.	No ► 610-966-6400 FAX No ► Inization does not have an office or place of business in the United States, check this box a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box ► and attach a like of all members the extension will cover to an automatic 3-month (6 months for a corporation required to file Form 990-T) of the exempt organization return for the organization named abore ganization's return for	If this is list with the extension of time
Telephone If the organ If this is for for the whole grames and EIN 1 I reques until AUG for the organ X	No ▶ 610-966-6400 FAX No ▶ Inization does not have an office or place of business in the United States, check this box a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box. If it is for part of the group, check this box. If an automatic 3-month (6 months for a corporation required to file Form 990-T) IUST 16	If this is list with the extension of time
Telephone If the organ If this is for or the whole guames and EIN 1 reques until AUG for the organ 2 If this tax 3a If this ap nonrefund	FAX No inzation does not have an office or place of business in the United States, check this box	If this is list with the extension of time ove The extension is
Telephone If the organ If this is for for the whole grames and EIN 1 I request until AUG for the organ 2 If this tax 3a If this apponented in this apponented to be in the organization of the organizati	FAX No Final return States and Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	If this is list with the extension of time ove The extension is
Telephone If the organ If this is for for the whole gnames and EIN 1 I request until AUG for the organ 2 If this tax 3a If this appendence in the organ and eline to Balance in the organ and eline to th	No ▶ 610-966-6400 FAX No ▶ Inization does not have an office or place of business in the United States, check this box a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box ▶ and attach a sk of all members the extension will cover It an automatic 3-month (6 months for a corporation required to file Form 990-T) INST 16	If this is Ilist with the extension of time ove The extension is accounting period
Telephone If the organ If this is for for the whole genemes and EIN 1 reques until AUG for the organ EIN 2 If this tax 3 If this appropriate b If this appropriate C Balance I with FTD instruction	Initial return Search of the exempt organization return for the organization named abordanization's return for tax year beginning , and ending en	If this is list with the extension of time ove The extension is n accounting period 3a \$ 0 3b \$ 0
Telephone If the organ If this is for for the whole grames and EIN I request until AUG for the organ I request until	Initial return Series than 12 months, check reason Initial return Final return Change in tax year beginning , and ending	If this is list with the extension of time ove The extension is n accounting period 3a \$ 0 3b \$ 0
Telephone If the organ If this is for for the whole grames and EIN 1 I request until AUG for the organ 2 If this tax 3a If this appendence in the organ and election in the organ and election in the organ and election. If you or payment instruction aution. If you or payment instruction is the organ and election in the organ	No ▶ 610-966-6400 FAX No ▶ Inzation does not have an office or place of business in the United States, check this box a Group Return, enter the organization's four digit Group Exemption Number (GEN) and attach a district of a composition of the group, check this box ▶	If this is list with the extension of time ove The extension is n accounting period 3a \$ 0 3b \$ 0
Telephone If the organ If this is for for the whole grames and EIN 1	Inzation does not have an office or place of business in the United States, check this box	If this is list with the extension of time ove The extension is n accounting period 3a \$ 0 3b \$ 0 3c \$ 8879-EO