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SCANNED AUG 04 2010

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning

and ending

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	Please use IRS label or print or type See Specific Instructions	C Name of organization INDIANA BREAST CANCER AWARENESS TRUST		D Employer identification number 35-1935366
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number
		P.O. BOX 8212		(812) 868-8769
		City or town, state or country, and ZIP + 4		F Group Exemption Number ▶
EVANSVILLE, IN 47716				

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ **WWW.BREASTCANCERPLATE.ORG**

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ **\$ 359,320.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	353,588.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	5,732.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶)	8		
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	359,320.	
Expenses	10 Grants and similar amounts paid (attach schedule) STMT 2	10	214,701.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	33,000.
	13 Professional fees and other payments to independent contractors	13	1,519.
	14 Occupancy, rent, utilities, and maintenance	14	1,762.
	15 Printing, publications, postage, and shipping	15	2,457.
	16 Other expenses (describe ▶)	16	36,286.
	17 Total expenses. Add lines 10 through 16	17	289,725.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	69,595.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	376,905.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	446,500.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	376,905.	446,500.
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	376,905.	446,500.
26 Total liabilities (describe ▶)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	376,905.	446,500.

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

Form **990-EZ** (2009)

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Part V Other Information (Note the statement requirements in the instructions for Part V)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 0.		
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved N/A		
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9 N/A		
39b	Gross receipts, included on line 9, for public use of club facilities N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
40b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.		
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. IN		
42a	The organization's books are in care of CARMEN TEED Telephone no. 317-571-3771 Located at 327 EAST 51ST STREET, INDIANAPOLIS, IN ZIP + 4 46205		
42b	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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: X		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

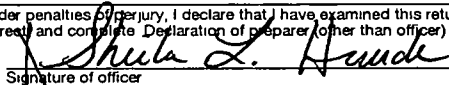
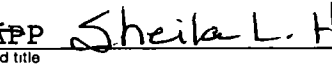
	Yes	No
46		X
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

- f Total number of other employees paid over \$100,000
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

- d Total number of other independent contractors each receiving over \$100,000

Sign Here	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.				
	 Signature of officer		Date <u>6/16/2010</u>		
Paid Preparer's Use Only	Preparer's signature  MICHAEL CROSLYN		Date <u>5-20-10</u>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4 HARDING SHYMANSKI & CO., PSC P.O. BOX 3677 EVANSVILLE, IN 47735			EIN <u>35-1346211</u> Phone no. <u>812-464-9161</u>	

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

Department of the Treasury
Internal Revenue Service

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

2009

Open to Public Inspection

Name of the organization

INDIANA BREAST CANCER AWARENESS TRUST

Employer identification number

35-1935366

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

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 it 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?

(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?

(ii) ☐ A family member of a person described in (i) above?

(iii) ☐ A 35% controlled entity of a person described in (i) or (ii) above?

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	126,568.	101,826.	157.	462,037.	353,588.	1,044,176.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	126,568.	101,826.	157.	462,037.	353,588.	1,044,176.
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) ...						
6 Public support. Subtract line 5 from line 4						1,044,176.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	126,568.	101,826.	157.	462,037.	353,588.	1,044,176.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,107.	7,972.	962.	5,613.	5,732.	28,386.
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 Total support. Add lines 7 through 10						1,072,562.
12 Gross receipts from related activities, etc. (see instructions)					12	1,072,562.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	97.35 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	96.86 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. 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 ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. 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 ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

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.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3% support tests - 2008. 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 **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

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

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
INSURANCE		1,000.	
PROMOTION		27,888.	
INTERNET & WEB DOMAIN		650.	
OFFICE SUPPLIES		427.	
TRAVEL & ENTERTAINMENT		362.	
PAYROLL TAXES		2,524.	
MISCELLANEOUS		1,435.	
SCHOLARSHIP		2,000.	
TOTAL TO FORM 990-EZ, LINE 16		36,286.	

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	2
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT	
BHOC FOUNDATION FOR MAMMOGRAMS BLOOMINGTON HOSPITAL OF ORANGE COUNTY P.O. BOX 499 PAOLI, IN 47454	NONE	2,480.	
CLARK CARES FOR WOMEN CLARK MEMORIAL HOSPITAL 1220 MISSOURI AVENUE JEFFERSONVILLE, IN 47130	NONE	2,500.	
DCMH BREAST AWARENESS TRUST DECATUR COUNTY MEMORIAL HOSPITAL 720 NORTH LINCOLN STREET GREENSBURG, IN 47240	NONE	2,500.	
BASELINE MAMMOGRAMS FOR THE UNINSURED FAMILY HEALTH CENTER OF CLARK COUNTY, INC. 1319 DUNCAN AVENUE JEFFERSONVILLE, IN 47130	NONE	2,495.	
SOUTHERN INDIANA MAMMOGRAMS FOR UNDERSER FLOYD MEMORIAL HOSPITAL & HEALTH SERVICES 1850 STATE STREET NEW ALBANY, IN 47150	NONE	9,000.	

INDIANA BREAST CANCER AWARENESS TRUST

35-1935366

HEARTSTRINGS SISTERS GOSHEN HEALTH SYSTEM 200 HIGH PARK AVENUE GOSHEN , IN 46526	NONE	12,500.
SCREENING MAMMOGRAPHY REID HOSPITAL & HEALTH CARE SERVICES 1100 REID PARKWAY RICHMOND, IN 47374	NONE	2,500.
ST. MARY MEDICAL CENTER 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750	NONE	2,460.
TAKE TIME FOR YOURSELF SWITZERLAND COUNTY HEALTH DEPARTMENT P.O. BOX 14 VEVAY, IN 47043	NONE	5,000.
TIPTON HOSPITAL SCREENING MAMMOGRAM PROG TIPTON HOSPITAL 1000 SOUTH MAIN TIPTON, IN 46072	NONE	3,513.
MAMMOGRAMS FOR VPCHC VERMILLION PARKE COMMUNITY HEALTH CENTER 777 SOUTH MAIN STREET, SUITE 100 CLINTON, IN 47842	NONE	4,500.
"REACHING OUT" BREAST HEALTH PROGRAM CANCER SERVICES OF EAST CENTRAL INDIANA - LIT 401 WEST JACKSON STREET MUNCIE, IN 47305	NONE	9,900.
BESS - BREAST EDUCATION SCREENING & SURV CANCER SERVICES OF GRANT COUNTY 305 SOUTH NORTAN AVENUE MARION, IN 46952	NONE	10,000.
SIMPLE GUIDANCE CENTER FOR CANCER CARE-GOSHEN HEALTH SYSTEM 200 HIGH PARK AVENUE GOSHEN , IN 46526	NONE	10,000.
BREAST HEALTH SCREENING FOR WOMEN UNDER CLARA FAIRBANKS CENTER FOR WOMEN 1711 NORTH 6 1/2 STREET, SUITE 300 TERRE HAUTE, IN 47807	NONE	11,875.

INDIANA BREAST CANCER AWARENESS TRUST		35-1935366
MAMMOGRAPHY ASSISTANCE PROGRAM COLUMBUS REGIONAL HOSPITAL - BREAST HEALTH CE 2326 18TH STREET, SUITE 110 COLUMBUS, IN 47201	NONE	5,750.
HEALTHY ME-CANCER FREE FAMILY HEALTH SERVICE, INC. 306 ATWOOD CORYDON, IN 47112	NONE	2,495.
ILLIANA BREATH HEALTH AND EDUCATION - A GOOD SAMARITAN HOSPITAL 520 SOUTH SEVENTH STREET VINCENNES, IN 47591	NONE	8,506.
JAY COUNTY PINK RIBBON PROJECT JAY COUNTY HOSPITAL 500 WEST VOTAW PORTLAND, IN 47371	NONE	2,500.
LA PORTE HOSPITAL FOUNDATION BREAST CANC LA PORTE HOSPITAL FOUNDATION P.O. BOX 250 LA PORTE, IN 46352	NONE	12,500.
MAMMOGRAM ASSISTANCE PROGRAM, SCREENING LITTLE RED DOOR CANCER AGENCY 1801 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46202	NONE	12,480.
MMCH CARES MARGARET MARY COMMUNITY HOSPITAL 321 MITCHELL AVENUE BATESVILLE, IN 47006	NONE	4,800.
PARKVIEW COMPREHENSIVE CANCER CENTER'S M PARKVIEW REGIONAL CANCER CENTER 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805	NONE	6,250.
OUR TURN: A BREAST HEALTH EDUCATION PRO PERRY COUNTY MEMORIAL HOSPITAL ONE HOSPITAL ROAD TELL CITY, IN 47586	NONE	3,681.
BREAST CANCER SCREENING IN SOUTH EASTERN SOUTHEASTERN INDIANA CANCER HEALTH NETWORK, I 941 MILLER AVENUE LAWRENCEBURG, IN 47025	NONE	6,913.

INDIANA BREAST CANCER AWARENESS TRUST

35-1935366

THE POWER OF HOPE ST. MARY'S MEDICAL CENTER 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750	NONE	7,574.
YWCA WOMEN'S CANCER PROGRAM YWCA GREATER LAFAYETTE 605 NORTH SIXTH STREET LAFAYETTE, IN 47901	NONE	5,872.
LA PORTE HOSPITAL FOUNDATION 1941 VIRGINIA AVENUE CONNERSVILLE, IN 47331	NONE	10,000.
SCOTT MEMORIAL HOSPITAL 1451 NORTH GARDNER STREET SCOTTSBURG, IN 47170	NONE	10,000.
ST. VINCENT RANDOLPH HOSPITAL 473 EAST GREENVILLE AVENUE WINCHESTER, IN 47394	NONE	10,000.
COMMUNITY HOSPITAL ANDERSON 1515 N. MADISON AVENUE ANDERSON, IN 46011	NONE	2,500.
COMMUNITY HOSPITAL OF LAGRANGE COUNTY, IN. 207 N. TOWNLINE ROAD LAGRANGE, IN 46761	NONE	2,480.
FAMILY HEALTH CENTER OF FLOYD COUNTY, INC. 1000 EAST SPRING STREET NEW ALBANY, IN 47150	NONE	2,495.
MADISON COUNTY COMMUNITY HEALTH CENTERS, INC. 1547 OHIO AVENUE ANDERSON, IN 46016	NONE	2,500.
MISCELLANEOUS	NONE	4,182.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		214,701.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

990-EZ PG 2

STATEMENT 4

NANCY JAYNES MEMORIAL SCHOLARSHIP AWARD UP TO \$1,000 FOR COLLEGE OR
POST-SECONDARY TECHNICAL SCHOOLING TO AN INDIANA HIGH SCHOOL SENIOR WHOSE
PARENT IS BATTLING BREAST CANCER OR WHO HAS LOST A PARENT TO BREAST CANCER

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

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

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

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

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

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	INDIANA BREAST CANCER AWARENESS TRUST	35-1935366
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 8212	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. EVANSVILLE, IN 47716	

Check type of return to be filed (file a separate application for each return).

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

CARMEN TEED

- The books are in the care of ► **327 EAST 51ST STREET - INDIANAPOLIS, IN 46205**

Telephone No ► **317-571-3771**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 16, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2009** or
► ☐ tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

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