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Form **990-EZ**

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

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

may use this form

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

Open to Public Inspection

Α	For	the 2009 ca	alendar	year, or tax year be	ginning	7/01	, 2009	9, and e	nding	6/30		, 201	0
В	Check	r if applicable		C							D Empl	oyer identifica	tion number
L	Addre	ss change	Please use IRS	JUDGES AND L	AWYERS	BREAST CA	NCER ALE	RT			13	-367998	1
	Name	change	label or print or	C/O CYNTHIA	RUBIN E	SQ, FLEMM	ING ZULAG	CK				hone number	
		return	type.	1 LIBERTY PL							21	2-267-4	177
-		nation	Specific Instruc-	NEW YORK, NY	10006						41	201 3	<u> </u>
-		ded return	tions.									ıp Exempti	on _
\bot	Applic	cation pending		l		 .			<u>la .</u>		Num		
		• Section	501(c)(3 nust att	3) organizations and ach a completed Sch	4947(a)(1) r nedule A (Fo	onexempt cha orm 990 or 990	ritable trusts -EZ).			ccounting ther (spec		Cash	X Accrual
ı	Web	site: ► <u>W</u>	WW.J	ALBCA.ORG					re	heck ► equired to	attach S	e organizat Schedule B	tion is not (Form 990,
J	Tax-e	exempt status	(check o	nly one) $ X = 501(c)$	(3)◀	(insert no.)	4947(a)(1) or	527	99	90-EZ, or 9	990-PF)	•	
K													
L	Add	lines 5b, 6 ead of Form	b, and . n 990-E.	7b, to line 9 to deter Z.	mine gross	receipts; if \$50	00,000 or mor	e, file F	orm 99	90		> \$	194,098.
Pa	ne l	Reve	enue,	Expenses, and C	hanges i	n Net Asse	ts or Fund	Balan	ces (See the	instru	ctions foi	
	1			fts, grants, and simil				-		<u> </u>		1	24,011.
	2			revenue including g			acts					2	
2	3	Members	hip due	s and assessments								3	21,676.
673	4	Investme	nt incor	ne								4	946.
6				om sale-of-assets-otl		entory		5a					
2	ŀ	Less. cos	t or ⊝ th	eGallyan Gies e	xpenses			5b				i i	
Ŕ	. (Gain or (los	s)-from-s	ale-of-assets-other-than) iq	ventory (Subtra	act In 5b from In 5	a).					5 c	
	9 6	Special eye,	nts and ac	tuvities (complete applicat	parts of Sci	hedule G) If any a	mount is from <mark>gar</mark>	ming, ched	ck here	>			
ŅĹ	۽ لِـَا	Gross R	/enue (F	of including \$	7	of cont	ributions				_		
E	P IS	reported	on line	1)	¥,			6a		147,4	65.		
	7 1	Less: dire	ect expe	nsessomer than fun	draising exp	penses		6b	-	75,2	84.	_ ;	
	3	: Net inco <u>me</u>	or (loss)	from special events and e	etiv ities (Subtr	act line 6b from li	ne 6a)					6c	72,181.
	£7:	Gross sal	les of in	ventory, less returns	and allowa	ances		7a					
	ŀ	b Less, cos	t of god	ods sold				7b					
		Gross pro	ofit or (I	oss) from sales of in	ventory (Su	ibtract line 7b	from line 7a)					7c	
	8	Other reven	ue (descri	be ►								8	
	9	Total rev	enue A	dd lines 1, 2, 3, 4, 5	c, 6c, 7c, ar	nd &					_ ►	9	118,814.
	10	Grants ar	nd sımıla	ar amounts paid (att	ach schedu	le) , ,					1	0	
-	11			or for members		•					1		
X	12	Salaries,	other c	ompensation, and er	nployee ber	nefits						2	
E	13	Professio	nal fees	s and other payment	s to indepei	ndent contract	ors					3	
N S E	14	Occupano	cy, rent,	utilities, and mainte	nance						1	4	
E S	15	Printing,	publicat	ions, postage, and s	shipping						1	5	2,289.
•	16	Other expen	ses (desc	ribe► SEE STATI	EMENT 1) 1	6	183,658.
	17	Total exp	enses.	Add lines 10 through	า 16						▶ 1	7	185,947.
A	18			t) for the year (Subti		•			,_		_	8	-67,133.
A S S E T T	19	Net asset figure rep	is or fur oorted o	nd balances at begin n prior year's return)	ning of year	r (from line 27,	, column (A))	(must a	gree w	⁄ith end∙of		9	195,877.
' <u>Ť</u>	20	Other cha	anges in	net assets or fund l	balances (a	ttach explanat	ion)				2	0	
	21	Net asset	s or fur	<u>nd balances at end o</u>	f year. Com	ibine lines 18 t	through 20				▶ 2	:1	128,744.
Pa	r(O	Bala	nce S	heets. If Total asse	ts on line 2	5, column (B)	are \$1,250,00	00 or mo	re, file	Form 990	instead	of Form 9	990-EZ.
	·	•		(See the instruc	tions for Pa	art II.)			(A)	Beginning	of year	(B) E	End of year
22		, ,	•	nvestments						193,	938.	22	172,853.
23		nd and buil	•									23	
24		her assets	(describ	oe► <u>SEE STATI</u>	EMENT 2)						24	4,070.
25		tal assets									598.	25	176,923.
26				ribe ► <u>SEE STA'</u>			_)					26	48,179.
_27	Ne	t assets or	fund b	alances(line 27 of co	olumn (B) m	ust agree with	line 21)		<u> </u>	195,	877.		128,744.
BA	A Fo	r Privacy A	Act and	Paperwork Reduction	on Act Notic	ce, see separa	te instruction	s.				Forr	n 990-EZ (2009)

	990-EZ(2009) JUDGES AND LAWY	ERS BREAST CANCER	ALERT	13	<u>-36</u>	79981 Page 2
Par			S (See the instructi	ons.)		Expenses
What i	s the organization's primary exempt purpose? SE	E STATEMENT 4			(Red	ured for section c)(3) and (4) nizations and section (a)(1) trusts; optional
Desc	ribe what was achieved in carrying out th	e organization's exempt purp	ooses. In a clear and co	oncise manner,	orga	nizations and section
prog	ram title.	persons benefited, or other	relevant information for	eacn	14947	(a)(1) trusts; optional thers.)
28	PROVIDE INFORMATION ON IS	SUES RELATING TO E	BREAST CANCER A	ND RELATED	<u> </u>	
	HEALTH ISSUES				1	
				- -	1	
	(Grants \$) If th	ıs amount ıncludes foreign gi			28a	248,651.
29	(draits \$\frac{1}{2}\)	is amount includes foreign gi	rants, check here		208	240,001.
23					-	
					-	
					4	
	(Grants \$) If th	is amount includes foreign gi	rants, check here	•	29a	
30						
		is amount includes foreign gi	rants, check here	•	30 a	
31	Other program services (attach schedule					
		is amount includes foreign gi	rants, check here		31 a	
	Total program service expenses(add lin			>	32	248,651.
Par	List of Officers, Directors,			ne even if not co	mpen	sated. (See the instrs.)
	(a) Nama and address	(b) Title and average hours per week devoted	(c) Compensation (If	(d) Contributions	s to	(e) Expense account
	(a) Name and address	to position	not paid, enter -0)	employee benefit pla deferred compens	ins and ation	and other allowances
SEE	SCHEDULE ATTACHED		0.		0.	0.
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BAA		TEEA0812L 0	01/30/10			Form 990-EZ (2009)

<u>13-3679981</u>

Form 990-EZ (2009) JUDGES AND LAWYERS BREAST CANCER ALERT

Yes N Were any changes made to the organizing or governing documents? If "Yes," attach a detailed description of seat activity Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes If the improvation had recent from thomes extentine, such as these recent end in the 25 s. and 7a (among others), buther reported on Form 990. T attach a substance spulming why the organization and of not injoin the recent end of 15 s. and 7a (among others), buther reported on Form 990. T attach a substance spulming why the organization control of not end of the recent end of not injoin the recent end of the spulming why the organization control of not end of the spulming why the organization control of not end of the spulming the year? If "Yes," complete agreement proper and station fortical expenditures, direct or indirect, as described in the instructions 37a 0. By a First amount of political expenditures, direct or indirect, as described in the instructions 37a 0. By a First amount of political expenditures, direct or indirect, as described in the instructions 37a 0. By a First amount notical expenditures, direct or indirect, as described in the instructions 37a 0. By a First amount notical expenditures, direct or indirect, as described in the instructions 37a 0. By a First amount notical expenditures, direct or indirect, as described in the instructions 37a 0. By a First amount notical expenditures, direct or indirect, as described in the instructions 37a 0. By a First amount notical expenditures, direct or indirect, as described in the instructions 37a 0. By a First amount notical expenditures, direct or indirect, as described in the instruction of net assets during the year or form any such distance and expenditures, direct or indirect, as described in the instruction 37a 0. By a First amount notical expenditures, direct the total and the instruction of the seat		13-367998 JUDGES AND LAWYERS BREAST CANCER ALERT 13-367998	1	Р	age 3
33 J y sech activity 34 Were any changes made to the organization of growing occurrents? If If Yes, attach a detailed description of sesh activity 35 If the regarization had more in the angelian of all of high the service of the changes of the	Pa	Other Information (Note the statement requirements in the instrs for Part V.) SEE ST	ATEMI	ENT	5
as a cytoty of the changes made to the organizing or governing documents? If Yes, attach a conformed copy of the changes of the organization had search form business solvives, such as five reported on lierg 26, and 7a (among others), butter reported, and prove the reported on proventing the organization of the organization had search subsame, why the organization of provide the control of the organization of provide the organization of the organization have currelated business gross income of \$1,000 or more or was it subject to section 5033(e) notices. 5a				Yes	No
35 If the organization business abstinuts, such as those reported on late 2. 6s, and 7s (among others), builded reported in Farm 99.1, about a subministed polarities with the organization of the difference of 18.00 or more or was it subject to section 6033(e) notices and proxy tax requirements? 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 19%; complete applicable parts of Stroedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 197a Enter amount of political expenditures, direct or indirect, as described in the instructions 197a Enter amount of political expenditures, direct or indirect, as described in the instructions 197a Enter amount of political expenditures, direct or indirect, as described in the instructions 197a Enter amount of political expenditures, direct or indirect, as described in the instructions 197a Enter amount of political expenditures, direct or indirect, as described in the instructions 197a Enter amount of the year? 38a Dat the organization berrow from, or make any loans to, any officer, director, trustee, or key employees mere any sort floars amount or prove and still oblitationing at the end of the period covered by this return? 38b N/A 39c Section 501(c)(?) organizations. Enter amount of tax imposed on the organization during the year under: section 4912 1 0.; section 4955 1 0. 40s Section 501(c)(3) organizations. Enter amount of tax imposed on organization during the year under: section 4912 1 0.; section 4955 2 0. 5 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on inner dorsanization short forms 990 or 990-E27 if 197s, complete Schedule I, Part II 5 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on inner dorsanization and any section 497s 228 HENRY STREET TROOKLYN NY 5 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax organization appears or disputation and proximation and proxim	33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		Х
abutch a stemant epitimap why the organization of most part the income on form 393-1 a Dut the organization have unreliated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy lax requirements? bit I'ves, has if filed a tax return on form 990-T for this year? 50 Dut the organization undergo a floudation, dissolution, termination, or significant disposition of net assets during the year? If 1'ves, complete applicable parts of Stendard N 77a Enter amount of political expenditures, direct or indirect, as described in the instructions \$\frac{1}{27a}\$\$\$ 0. b Did the organization before m 1120-POL for this year? 78a Did the organization before when, or make any loans to, any officer, director, trustee, or key employeer were any such loans made in a prior year and still outstanding at the end of the period covered by this return? bit I'ves, complete Schedule I, Part II and enter the total amount involved 38b N/A 39a N/A 40a Section 501(c)(3) organizations. Enter a intiation fees and capital contributions included on line 9 b Gross receipts, included on the 9, for public use of club facilities. 39b N/A 40a Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under: section 4811 * 0.; section 4912 * 0.; section 4915 * 0. b Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on a secses benefit transaction during the year on the section of the section of the organization prior forms 990 or 990	34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
is the fives, in set filled a tax return on Form 990-Tror this year? 35 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If they, complete spinibilities of Schedule N. Schedule N. 973 Either amount of political expenditures, direct or indirect, as described in the instructions. \$\begin{align*} 37a \\ 37a \\ 38b \\ 37a \\ 38b \\ 37a \\ 38b \\ 37a \\ 38b \\ 38b \\ 37a \\ 38b \	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), bu hot reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N. 20 and 19 a		reporting, and proxy tax requirements?	35a		X
year? If Yes,' complete applicable parts of Schedule N 378 Enter amount of political expenditures, director indirect, as described in the instructions 378 37			35 B		
b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeeon were any such loans made in a prior year and still dustsanding at the end of the period covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter a limitation frees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 * 0.; section 4955 * 0. b Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization for the any prior year, and that the fransaction has not been reported on any of the organizations prior Forms 990 or 990 E27 II and year, and that the fransaction has not been reported on any of the organizations prior Forms 990 or 990 E27 II and the fransaction has not been reported on any of the organizations prior Forms 990 or 990 E27 II and year, and that the fransaction has not been reported on any of the organizations prior Forms 990 or 990 E27 II and year, and that the fransaction has not been reported on any of the organizations prior Forms 990 or 990 E27 II and year, and that the fransaction has not been reported on any of the organizations prior Forms 990 or 990 E27 II and year, and that the fransaction has not been reported on any of the organization and the prior of disqualified person in a prior year, and that the fransaction has not been reported on any of the organization and the prior of disqualified person in a prior year, and that the fransaction has not been reported on any of the organization and prior forms 990 or 990 E27 II and year. 40b		year? If 'Yes,' complete applicable parts of Schedule N	36		Х
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a initiation fees and capital contributions included on line 9 b Gross receipts, included on hine 9, for public use of club facilities 40 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. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 • 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 • 0. c Section 501(c)(3) and 501(c)(4) organizations been reported on any of the organization's prior Forms 990 or 990-EZ? If Yes, complete Schedule I, Fart I c 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 49588 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization by the organization d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization at any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8865-T 40 EXAMPLE A Tax any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8866-T 41 List the states with which a copy of this return is filed > NY 42 Tile erganization's books are in care of > WILLIAM B. THOMPSON, TREASURER Telephone in > 718-855-2324 12 Tile erganization's books are in care of > WILLIAM B. THOMPSON, TREASURER Telephone in > 718-855-2324 13 Tile erganization's books are in care of > WILLIAM B. THOMPSON, TREASURER Telephone in > 718-855-2324 14 List the states with which calendar year, did the organization have an interest in or a signature or other authority over a financial accountly? If Yes, 'enter the name of the foreign country: See the instructions for exceptions and filing requirements for form 10 F 90-22.1, Report of a Fore	b	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
b Cross receipts, included on line 9, for public use of club facilities 40 a 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. b 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 property of the organization of the organization sprior forms 990 or 990-EZ? If yes, complete Schedule L, Part II are not been reported on any of the organization sprior forms 990 or 990-EZ? If yes, complete Schedule L, Part II are not to tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4938 ★ 0. d 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 4938 ★ 0. d Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax on line 400 reimbursed by the organization → 0. e All organizations A tary time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete form 8866.T 1 List the states with which a cepy of this return is filed ★ NY 42a The organization? books are in care of ★ WILLIAM B. THOMPSON, TREASURER Located at ★ 228 HENRY STREET BROOKLYN NY Description of the organization and filing requirements for form 10 F 90-22.1, Report of a Foreign Bank and Financial accountly? If Yes, enter the name of the foreign country: ★ 42b X 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of orm 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds? If Yes, Form 990 must be completed instead of Form 990-EZ 45 Is any related organization a controlled entity of the organ	39				
### Ada Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: ### section 4911			_		
b Section 4911 >		**************************************	4		
b 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-E27 if Yes, complete Schedule L, Part I C 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 d 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 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization at time the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization? e All organizations? books are in care of Pulling the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 886-1. 42a The organizations? books are in care of Pulling 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 10 F 90-22.1, Report of a Foreign Bank and Financial Accounts. c 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: 43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization a controlled entity of the organization with	40 a				
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40e	b	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-F72. If	40b		Х
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e 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 40e		Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed			
42a The organization's books are in care of ► WILLIAM B. THOMPSON, TREASURER Located at ► 228 HENRY STREET BROOKLYN NY 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)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c 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: 42c	е	· · · · · · · · · · · · · · · · · · ·	40 e		Х
books are in care of WILLIAM B. THOMPSON, TREASURER Located at > 228 HENRY STREET BROOKLYN NY BATTER BRO			1400		
books are in care of WILLIAM B. THOMPSON, TREASURER Located at > 228 HENRY STREET BROOKLYN NY BATTER BRO				•	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial accounts. C 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: 42c X 42c X 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 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.	42 a	books are in care of ► <u>WILLIAM B. THOMPSON, TREASURER</u> Telephone no ► 718-8	55-2	<u>324</u> 	-
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c 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: 42c	b	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 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 must be completed instead of Form 990-EZ.					
and enter the amount of tax-exempt interest received or accrued during the tax year Yes No. 144 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 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.	c		42c		X
Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 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.	43				N/A N/A
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 45 X	44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44	Yes	No X
	45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes '			X
	BAA			EZ (

yours if selfemployed), address, and ZIP + 4

Üse

Only

BAA

709

WHITE PLAINS,

May the IRS discuss this return with the preparer shown above? See instructions

WESTCHESTER AVENUE

NY 10604

N/A

914

949-2990

No

Form 990-EZ (2009)

► X Yes

FIN

Phone no

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. No 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 Yes 46 X 46 X Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. X 48 X 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a b If 'Yes,' was the related organization a section 527 organization? 49b 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.' (b) Title and average hours per week devoted to position (d) Contributions to employe benefit plans and deferred compensation (c) Compensation (a) Name and address of each employee paid more than \$100,000 other allowances NONE f Total number of other employees paid over \$100,000. 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 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. Sign Signature Here Type or print name and title Preparer's Identifying Number (See instructions) Check if Preparer's Paid 4/1/ signature N/A Pre-COOPERMAN & COMPANY, LLP parer's

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Total

JUDGES AND LAWYERS BREAST CANCER ALERT C/O CYNTHIA RUBIN ESQ, FLEMMING ZULACK Employer identification number

13-3679981

Parti 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.) A church, convention of churches or association of churches described insection 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described insection 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described insection 170(b)(1)(A)(iii) Enter the hospital's 5 on organization operated for the benefit of a college or university owned or operated by a governmental unit described isection 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described insection 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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. Sessection 509(a)(4). 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). Sesection 509(a)(3). Check the box that 11 describes the type of supporting organization and complete lines 11e through 11h. Type III - Functionally integrated d | Type III- Other 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 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 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? 11g (i) 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? 11g (iii) Provide the following information about the supported organizations (i) Name of Supported (III) Type of organization (iv) Is the (v) Did you notify (vi) is the (vii) Amount of Support (described on lines 1 9 above or IRC section organization in col (i) organized in the US? Organization rganization in col (i) listed in your the organization in col (i) of (see instructions) your support? governing document? Yes Yes No No Yes No

BAA 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

Pai	t II Support Schedule for	•			(b)(1)(A)(iv) an	d 170(b)(1)(A)(vi)
Sec	(Complete only if you check tion A. Public Support	ea the box on line	e 5, 7, or 8 or Par	(I.)		···	
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')						
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 .						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
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						
12	Gross receipts from related activ	vities, etc. (see in	structions)	•		. 12	
13	First five years. If the Form 990 organization, check this box and		ation's first, secor	nd, third, fourth,	or fifth tax year as	a section 501(c)(3) ► □
Sec	tion C. Computation of Pu	blic Support I	Percentage				
	Public support percentage for 20 Public support percentage from	• •	``	ne 11, column (f).		. 15	% %
16	a 33-1/3 support test – 2009. If the and stop here. The organization	e organization did qualifies as a pu	I not check the bo blicly supported o	x on line 13, and rganization.	the line 14 is 33-	1/3 % or more, o	check this box
1	o 33-1/3 support test – 2008. If the and stop here. The organization				a, and line 15 is 33	3-1 <i>1</i> 3% or more,	check this box
17	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 andstop 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— 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 andstop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.						
18 BAA	Private foundation. If the organi	zation did not che	eck a box on line,	13, 16a, 16b, 17a			nstructions

JUDGES AND LAWYERS BREAST CANCER ALERT

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Page 2

Schedule A (Form 990 or 990-EZ) 2009

Part'll Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	cked the box on li	ne 9 of Part I.)	 			
Sec	tion A. Public Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	145,975.	163,308.				309,283.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	145,975.	163,308.	0.	0.	0.	309,283.
7a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the			0		0	
	year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.		U.	0.	0.	0.
8	Public support (Subtract line						200 202
	7c from line 6)			أب على أخت خفوه	أفت عمديو ويسمير بعوي		309,283.
- -							
	tion B. Total Support	4 > 0005	4-> 0000	4-> 2007	(4) 2008	(-) 2000	40 Total
Cale	ndar year(or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale 9	ndar year(or fiscal yr beginning in) > Amounts from line 6	(a) 2005 145, 975.	(b) 2006 163, 308.	(c) 2007	(d) 2008	(e) 2009	(f) Total 309, 283.
Cale 9	ndar year(or fiscal yr beginning in)						309,283.
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	145,975.	163,308.	0.	0.	0.	309,283. 0.
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; Add lines 10a and 10b.						309,283.
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	145,975.	163,308.	0.	0.	0.	309,283. 0.
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0.	0.	0.	0.	0.	0. 0. 0.
Cale 9 10a 10a 11 12 13	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add bs 9, 10c, 11, and 12) First five years. If the Form 990	0.	0.	0.	0.	0.	0. 0. 0. 0. 309,283.
Cale 9 10a 10a 11 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add hs 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	0.	0.	0.	0.	0.	0. 0. 0. 0. 309,283.
Cale 9 10a 10a 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support.(add hs 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and total divided on the sale of capital assets (Explain in Part IV.)	0. 0. Stop here blic Support P	0.	0. 0.	0.	0. 0. a section 501(c)(0. 0. 0. 0. 309,283. 3) ► □
Cale 9 10 a 10 a 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support.(add hs 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage for 20	0. 0. s for the organizar is stop here blic Support P 09 (line 8, column	0. O. Percentage n (f) divided by lin	0. 0.	0.	0 . 0 . a section 501(c)(0. 0. 0. 0. 309,283. 100.0%
Cale 9 10 a k c c 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add hs 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from	0. 0. S for the organization of the stop here blic Support P 09 (line 8, column 2008 Schedule A,	0. O. Ordercentage (f) divided by line Part III, line 15	0. 0. d, third, fourth, o	0.	0. 0. a section 501(c)(0. 0. 0. 0. 309,283. 3) ► □
Cale 9 10 a 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add his 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupulic support percentage for 20 Public support percentage from tion D. Computation of Invitorial process.	0. 145, 975. 0. 0. 18 for the organization of the stop here blic Support P 009 (line 8, column of the support P 2008 Schedule A, restment Incor	0. O. Percentage (f) divided by line Part III, line 15 The Percentage	0. d, third, fourth, of	0. 0.	0. 0. a section 501(c)(0. 0. 0. 0. 309,283. 3) ► □
Cale 9 10 a 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add his 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from the support income percentage from the support income percentage from the support income percentage from the support percentage	0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	0. O. Original description of the process of the	d, third, fourth, one 13, column (f))	0. 0.	0. 0. a section 501(c)(0. 0. 0. 0. 309,283. 3) ► □ 100.0% 0.0%
Cale 9 10 a l l l l l l l l l l l l l l l l l l	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add hs 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from Investment income percentage investment income percentage investment income percentage in 133-1/3 support tests — 2009. If the	0. 0. 0. 145, 975. 0. 0. 15 for the organization discomposite support Popular support Popular support Popular support Popular support Popular support Support Popular support Support Support Popular support Support Support Popular support Su	163, 308. 0. otion's first, second ercentage (f) divided by lin Part III, line 15 me Percentage column (f) divided e A, Part III, line 15 d not check the bo	d, third, fourth, one 13, column (f))	0. 0. r fifth tax year as	0. 0. 15 16 17 18 han 33-1/3%, and	0. 0. 0. 309,283. 0. 0. 309,283. 3)
Cale 9 10 a 11 12 13 14 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add hs 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from those time D. Computation of Investment income percentage	145, 975. 0. 0. 0. 145, 975. 0. 0. 15 for the organization discomposed schedule A, restment Incorrection 2008 (line 10c, from 2008 Schedule and stop here. The organization discomposed and stop here. The organization discomposed in the organization	163, 308. 0. 0. ercentage (f) divided by line Part III, line 15 me Percentage column (f) divided e A, Part III, line 15 di not check the bothe organization of the organization of not check a box	d, third, fourth, one 13, column (f)) by line 13, column (f) x on line 14, and qualifies as a pub on line 14 or 19a,	o. o. o. fifth tax year as in (f)) line 15 is more to dicity supported or and line 16 is more.	0. 0. 15 16 17 18 han 33-1/3%, and ganization ore than 33-1/3%.	0. 0. 0. 309,283. 0. 0. 309,283. 3)

Part IV	Supplement	tal Information	n. Complete th	is part to provid	le the explanation	s required by Part II information. See ins	, line 10;
	Part II, line	1/a or 1/b; ar	nd Part III, line	12. Provide any	other additional	information. See ins	tructions.
						 	
							
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TEEA0404L 02/05/10

Schedule A (Form 990 or 990-EZ) 2009

BAA

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047 2009

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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 Form990 or Form 990-EZ. See separate instructions.

lame	ne of the organization JUDGES AND LAWYERS BREAST CANCER ALERT								
	C/O CYNTHIA F	<u>RUBIN ESQ,</u>	LACK	CK 13-3679981					
Par	Fundraising Activities.Compl Form 990EZ filers are not req	ete if the organ	nization an	swered 'Y	es' to Form 990, Part I\	V, line 17			
	Indicate whether the organization				owing activities. Check	all that a	oply.		
•	Mail solicitations		. oug u	01 1110 1011	Solicitation of non-government grants				
	 - 	_				Solicitation of non-government grants Solicitation of government grants			
	Internet and email solicitations	5				_	ans		
	Phone solicitations				Special fundraising	g events			
	In-person solicitations								
2a	Did the organization have written of employees listed in Form 990, Par	or oral agreeme	ent with ar	y individu	al (including officers, di	rectors, tr	ustees or key	Yes	No
									1110
b	If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	idividuals or en ne organization.	tities (fund	draisers) p	ursuant to agreements	under wh	ich the fundra	iser is to be	
		T				(v) Amo	ount paid to		
	(i) Name of individual	(ii) Activity		fundraiser	(iv) Gross receipts	or re	tained by)	(vi) Amount par	d to
	or entity (fundraiser)			dy or control ibutions?	from activity		ser listeď in col.(i)	(or retained by organization	y)
			+			 `	301.(1)	organization	
			Yes	No					
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	Total					1		<u></u>	
3	List all states in which the organiz or licensing.	ation is registe	red or lice	nsed to so	olicit funds or has been	notified if	is exempt fro	m registration	
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Sche	edule	G (Form 990 or 990-EZ) 2009 JUDGES	AND LAWYERS BR	EAST CANCER ALE	CRT 13-36	79981 Page 2
		Fundraising Events. Complete if reported more than \$15,000 on F	the organization a	nswered 'Yes' to Fo	orm 990, Part IV, I	ine 18. or
		reported more than \$15,000 on 1	(a) Event #1 DINNER RECEPTI	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
REVENU	1	Gross receipts	(event type) 147, 465.	(event type)	(total number)	147,465.
Ë		Less Charitable contributions	147,400.			147,403.
	3	Gross income (line 1 minus line 2)	147,465.			147,465.
	4	Cash prizes				
D	5 6	Noncash prizes Rent/facility costs				
D I R E C T		Food and beverages				
E X P F	8	Entertainment				
E X P E N S E S	9	Other direct expenses .	75,284.			75,284.
		Direct expense summary. Add lines 4- th Net income summary. Combine lines 3, c	5 ,,		•	75,284. 72,181.
Par		Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Pa	rt IV, line 19, or re	
RE>ES			(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Ĕ	1	Gross revenue				
E X P F	2	Cash prizes .				

	8 Net gaming income summary. Combine lines 1, column (d) and line 7			
			YES	NO
9	Enter the state(s) in which the organization operates gaming activities:			
ε	a Is the organization licensed to operate gaming activities in each of these states?	9a		
ŀ	o If 'No,' explain:			
10 a	a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
ŀ	olf 'Yes,' explain:			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

ક

Yes

Yes

No

7 Direct expense summary Add lines 2 through 5 in column (d)

Yes

3 Non-cash prizes.

4 Rent/facility costs

6 Volunteer labor

5 Other direct expenses

Schedule	G (Form 990 or 990 EZ) 2009 JUDGES AND LAWYERS BREAST CANCER ALERT	13-36/998	1 P	age 3
			YES	NO
	cate the percentage of gaming activity operated in:			
	organization's facility	13a %		
	outside facility .	13b %		
14 Ent	er the name and address of the person who prepares the organization's gaming/special ever	its books and records:		
Nar	ne. •			
٨٨	trocci b			
Aut	iress:			
15a Doe	es the organization have a contact with a third party from whom the organization receives gai	ming revenue?	15a	
	es,' enter the amount of gaming revenue received by the organization \$			
of g	naming revenue retained by the third party \$			
	es, enter name and address of the third party:			
Nar	ne:			
				į
Add	lress:			
16 Gar	ning manager information			
10 Gai	ming manager anormation		ļ į	
Nar	ne: ►			
,				
Gar	ning manager compensation \$			
Des	cription of services provided 🕨			
_	_		!	
	Director/officer Employee Independent contractor			
17 Mai	ndatory distributions			
a Is t	ne organization required under state law to make charitable distributions from the gaming pro	ceeds to retain the	17a	
	e gaming license? er the amount of distributions required under state law to be distributed to other exempt orga	enizations or spent in the		
	anization's own exempt activities during the tax year. > \$	inzadoris or spericini die		
BAA	TEEA3703L 02/05/10	Schedule G (Form 99	0 or 990-EZ	2009

7	n	^	•
Z	U	U	3

FEDERAL STATEMENTS

PAGE 1

JUDGES AND LAWYERS BREAST CANCER ALERT C/O CYNTHIA RUBIN ESQ, FLEMMING ZULACK

13-3679981

STATEMENT 1 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

OFFICE EXPENSES PROFESSIONAL FEES PROGRAM EXPENDITURES

Ş	684.
	9,607.
	173,367.
TOTAL \$	183,658.

STATEMENT 2 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

ACCOUNTS	RECEIVABLE
SECURITY	

	BEG	<u>FINNING</u>	<u>ENDING</u>		
	\$	14,360.	\$	3,770.	
	-	300.		300.	
TOTAL	\$	14,660.	\$	4,070.	

STATEMENT 3 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

ACCOUNTS	PAYABLE	AND	ACCRUED	EXPENSES
DEFERRED				5 5555

	DEGINITING_			
	\$	580.	\$	38,643.
		12,141.		9,536.
TOTAL	\$	12,721.	\$	48,179.

ENDING

RECTNNING

STATEMENT 4
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROVIDE INFORMATION ON ISSUES RELATING TO BREAST CANCER AND RELATED HEALTH ISSUES.

STATEMENT 5 FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO

JALBCA JUDGES AND LAWYERS BREAST CANCER ALERT

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*(Indicates Past Co-Presidents)

Executive Director
Jennifer Fiorentino
1324 Lexington Ave . PMB 324
New York, NY 10128
(212) 289-9720
jenfiorentino@aol.com

Form **8,868**(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury

File a separate application for each return.

internal itever	ide Dervice			
If you a	are filing for an Automatic 3-Montl	Extension, complete only Part and check this box		► X
• If you a	are filing for an Additional (Not Au	tomatic) 3-Month Extension, complete only Part ton	page 2 of this form).	_
		ady been granted an automatic 3-month extension or		
		sion of Time. Only submit original (no cop		
		over or times only outside original (no cop	,.	
A corporat	ion required to file Form 990-T an	d requesting an automatic 6-month extension- check	this box and complete Part I only	► 🗌
All other co		s), partnerships, REMICS, and trusts must use Form	7004 to request an extension of time to	file
returns not the additio Form 990-	ted below (6 months for a corpora	electronically file Form 8868 if you want a 3-month aution required to file Form 990-T). However, you cannision or (2) you file Forms 990-BL, 6069, or 8870, grolly completed and signed page 2 (Part II) of Form 88 e-file for Charities & Nonprofits	ot file Form 8868 electronically if (1) you oup returns, or a composite or consolida	ı want ted
	Name of Exempt Organization		Employer identification number	er
Type or	JUDGES AND LAWYERS	RDFAST CANCED ALERT		
print	C/O CYNTHIA RUBIN E	SQ, FLEMMING ZULACK	13-3679981	
File by the	Number, street, and room or suite number			
due date for filing your return See	1 LIBERTY PLAZA			
return See instructions		ode For a foreign address, see instructions		
	NEW YORK, NY 10006	•		
Chook ben	e of return to be filed(file a separa	ate application for each return)		
			Form 4720	
Form 9		Form 990-T (corporation)	Form 5227	
Form 9		Form 990-T (section 401(a) or 408(a) trust)		
X Form 9		Form 990-T (trust other than above)	Form 6069	
Form 9	990-PF	Form 1041-A	Form 8870	
Telepho If the control If this conteck the ext	one No 718-855-2324 organization does not have an office is for a Group Return, enter the orthis box ithis box In It it is for part or tension will cover.	M. B. THOMPSON, TREASURER FAX No. ► ce or place of business in the United States, check the ganization's four digit Group Exemption Number (GE) the group, check this box. ► and attach a list were the first open attach at a list were the first open attach at a list were the first open at a list were the first open attach at a list were the first open at a list were the first open at a list were the first open attach at a list were the first open at a list were the f	N) If this is for the whole gro inth the names and EINs of all members	
		nths for a corporation required to file Form 990-T) ex		
	$2/15$, 20 _11 _ , to file extension is for the organization's	e the exempt organization return for the organization return for:	named above.	
▶ [calendar year 20 or			
▶	X tax year beginning 7/01	$_$, 20 $\underline{09}$, and ending $\underline{6/30}$ $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	10	
	s tax year is for less than 12 mon			rıod
2 - 16 46.	li-ation in far Form 000 PL (200 DE 200 T 4720 or 6060 enter the tentative toy	loce ony	
nonr	efundable credits. See instruction	990-PF, 990-T, 4720, or 6069, enter the tentative tax,	3a \$	0.
b If the made	s application is for Form 990-PF c e. Include any prior year overpayn	r 990-T, enter any refundable credits and estimated nent allowed as a credit	ах payments 3ь \$	0.
depo	nce Due.Subtract line 3b from line sit with FTD coupon or, if required instructions	e 3a. Include your payment with this form, or, if requit, by using EFTPS (Electronic Federal Tax Payment S	red, System). 3c \$	0.
	f you are going to make an electronstructions	nic fund withdrawal with this Form 8868, see Form 8	453-EO and Form 8879-EO for	
BAA For	Privacy Act and Paperwork Redu	tion Act Notice, see instructions.	Form 8868 (Rev.	4-2009)