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Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

A For the 2013 calendar year, or tax year beginning

and ending

B Check if applicable

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C Name of organization

THE TWIN TO TWIN TRANSFUSION  
SYNDROME FOUNDATION

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

411 LONGBEACH PARKWAY

Room/suite

34-1740578

City or town, state or province, country, and ZIP or foreign postal code

BAY VILLAGE, OH 44140-1327

800-815-9211

E Telephone number

F Group Exemption  
Number ►G Accounting Method:  Cash  Accrual Other (specify) ►I Website: ► [TTSFOUNDATION.ORG](http://TTSFOUNDATION.ORG)J Tax-exempt status (check only one) —  501(c)(3)  501(c)( ) (insert no.)  4947(a)(1) or  527H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).K Form of organization:  Corporation  Trust  Association  Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 140,660.

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

Check if the organization used Schedule O to respond to any question in this Part I 

1 Contributions, gifts, grants, and similar amounts received	1	124,339.
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
4 Investment income	4	
5a Gross amount from sale of assets other than inventory	5a	12,127.
b Less: cost or other basis and sales expenses	5b	11,931.
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	196.
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a Gross sales of inventory, less returns and allowances	7a	4,194.
b Less: cost of goods sold	7b	2,138.
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	2,056.
8 Other revenue (describe in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	126,591.
10 Grants and similar amounts paid (list in Schedule O)	10	16,601.
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	57,786.
13 Professional fees and other payments to independent contractors	13	
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	5,452.
16 Other expenses (describe in Schedule O)	16	19,244.
17 Total expenses. Add lines 10 through 16	17	99,083.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	27,508.
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	36,530.
20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	64,038.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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2d

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**Part II** Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	30,886.	22	59,909.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	5,644.	24	4,129.
25 Total assets	36,530.	25	64,038.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	36,530.	27	64,038.

**Part III** Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **SAVING LIVES OF TWINS AFFLICTED BY TTTS**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses  
(Required for section  
501(c)(3) and 501(c)(4)  
organizations and section  
4947(a)(1) trusts; optional  
for others.)

**28 SEE SCHEDULE O**

(Grants \$  ) If this amount includes foreign grants, check here ►  28a 50,006.

**29 SEE SCHEDULE O**

(Grants \$  ) If this amount includes foreign grants, check here ►  29a 29,600.

**30 SEE SCHEDULE O**

(Grants \$ 16,601.  ) If this amount includes foreign grants, check here ►  30a 20,247.

**31 Other program services (describe in Schedule O)**

(Grants \$  ) If this amount includes foreign grants, check here ►  31a

**32 Total program service expenses (add lines 28a through 31a)**

► 32 99,853.

**Part IV** List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<b>MARY F SLAMAN</b> <b>FOUNDER/PRESIDENT/TREASURE</b>	45.00	43,200.	14,586.	0.
<b>ALICE SLAMAN</b> <b>SECRETARY</b>	10.00	0.	0.	0.
<b>CINDY BOUDREAUX</b> <b>SPECIAL NEEDS COORDINATOR</b>	5.00	0.	0.	0.
<b>ASHLEY OROSZ</b> <b>VOLUNTEER &amp; AWARENESS COOR</b>	10.00	0.	0.	0.
<b>LAURA BALLARD</b> <b>NICU COORDINATOR</b>	10.00	0.	0.	0.
<b>MATTHEW STEVEN SLAMAN FORSYTHE</b> <b>BOARD MEMBER</b>	5.00	0.	0.	0.
<b>DILLON CHRISTIAN SLAMAN FORSYTHE</b> <b>BOARD MEMBER</b>	5.00	0.	0.	0.
<b>TERRI ANN BOARDWAY</b> <b>PRAYER COORDINATOR</b>	5.00	0.	0.	0.

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**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V

	<b>Yes</b>	<b>No</b>
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	<input checked="" type="checkbox"/>
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	<input checked="" type="checkbox"/>
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	<input type="checkbox"/> N/A
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	<input checked="" type="checkbox"/>
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	36	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b> 0.	37b	<input checked="" type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	38a	<input checked="" type="checkbox"/>
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 tax year covered by this return?	38b	<input type="checkbox"/> N/A
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	<input type="checkbox"/> N/A
39 Section 501(c)(7) organizations. Enter:	39b	<input type="checkbox"/> 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.	
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<input checked="" type="checkbox"/>
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	40c	<input type="checkbox"/> 0.
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	40d	<input type="checkbox"/> 0.
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	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ► OH		
42a The organization's books are in care of ► <b>MARY F SLAMAN</b> Located at ► <b>411 LONGBEACH PARKWAY, BAY VILLAGE, OH</b>	Telephone no. ► 800-815-9211	ZIP + 4 ► 44140-1327
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)?	42b	<input checked="" type="checkbox"/>
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.	42c	<input checked="" type="checkbox"/>
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 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	43	<input type="checkbox"/> N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	<input type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	<input type="checkbox"/>

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46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?  
If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

	Yes	No
47		X
48		X
49a		X
49b		

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."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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." ► **NONE**

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt

charitable trusts must attach a completed Schedule A.  Yes  No  
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 Here

► *Mary Frances Blair Slaman*

11/13/14

Date

Signature of officer

► *MARY FRANCES BLAIR SLAMAN*

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JAMES VONDRA	<i>James Vondra CPA</i>	11/13/14		P00600476
	Firm's name ► THE CIULLA GROUP, LLC				Firm's EIN ► 54-2185906
	Firm's address ► 6364 PEARL RD CLEVELAND, OH 44130-3052				Phone no. (440) 884-2036

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

Form 990-EZ (2013)

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

## Public Charity Status and Public Support

OMB No 1545-0047

2013

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 1947(c)(1) organization, a charitable trust.

**4947(a)(1) nonexempt charitable trust.**

► Attach to Form 990 or Form 990-EZ

► **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**THE TWIN TO TWIN TRANSFUSION SYNDROME FOUNDATION** 34-1740578

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

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

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)

3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 - Non-functionally integrated

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that 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)		

**Total**

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

**Schedule A (Form 990 or 990-EZ) 2013**

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 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.)						
<b>11 Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3% support test - 2013.</b> 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 type="checkbox"/>
<b>b 33 1/3% support test - 2012.</b> 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"/>
<b>17a 10% -facts-and-circumstances test - 2013.</b> 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>b 10% -facts-and-circumstances test - 2012.</b> 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"/>
<b>18 Private foundation.</b> 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) 2013

## THE TWIN TO TWIN TRANSFUSION

Schedule A (Form 990 or 990-EZ) 2013 SYNDROME FOUNDATION

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	94,745.	91,012.	87,275.	144,334.	124,339.	541,705.
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				6,013.	4,194.	10,207.
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	94,745.	91,012.	87,275.	150,347.	128,533.	551,912.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						551,912.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	94,745.	91,012.	87,275.	150,347.	128,533.	551,912.
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)	94,745.	91,012.	87,275.	150,347.	128,533.	551,912.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	100.00	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	100.00	%

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

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	.00	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18		%
19a 33 1/3% support tests - 2013. 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			► <input checked="" type="checkbox"/>
b 33 1/3% support tests - 2012. 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			► <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions			► <input type="checkbox"/>

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

Department of the Treasury  
Internal Revenue Service

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

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

THE TWIN TO TWIN TRANSFUSION  
SYNDROME FOUNDATION

Employer identification number  
**34-1740578**

**FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INVENTORY:**

**INCOME:**

<b>1. GROSS RECEIPTS</b>	<b>4,199.</b>
<b>2. RETURNS AND ALLOWANCES</b>	<b>5.</b>
<b>3. LINE 1 LESS LINE 2</b>	<b>4,194.</b>
<b>4. COST OF GOODS SOLD (LINE 13)</b>	<b>2,138.</b>
<b>5. GROSS PROFIT (LINE 3 LESS LINE 4)</b>	<b>2,056.</b>

**COST OF GOODS SOLD:**

<b>6. INVENTORY AT BEGINNING OF YEAR</b>	<b>712.</b>
<b>7. MERCHANDISE PURCHASED</b>	<b>1,434.</b>
<b>8. COST OF LABOR</b>	<b>0.</b>
<b>9. MATERIALS AND SUPPLIES</b>	<b>0.</b>
<b>10. OTHER COSTS</b>	<b>422.</b>
<b>11. ADD LINES 6 THROUGH 10</b>	<b>2,568.</b>
<b>12. INVENTORY AT END OF YEAR</b>	<b>430.</b>
<b>13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)</b>	<b>2,138.</b>

**FORM 990-EZ, PART I, LINE 7B, OTHER COSTS:**

<b>DESCRIPTION OF OTHER COSTS:</b>	<b>AMOUNT:</b>
<b>SHIPPING COSTS</b>	<b>263.</b>
<b>MERCHANT &amp; TRANSACTION FEES</b>	<b>159.</b>
<b>TOTAL INCLUDED ON FORM 990-EZ, PART I, LINE 7B</b>	<b>422.</b>

**FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:**

**ACTIVITY CLASSIFICATION: FAMILY ASSISTANCE, BEREAVEMENT & RESEARCH GRANTS**

SCHEDULE O  
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2013

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Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

THE TWIN TO TWIN TRANSFUSION  
SYNDROME FOUNDATION

Employer identification number  
34-1740578

GRANTEE NAME: NO INDIVIDUAL OR ORGANIZATION RECEIVED > \$5,000

AMOUNT GIVEN: 16,601.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
TTTS AWARENESS PROGRAM THROUGH EVENTS & CONFERENCES	140.
AWARENESS & PROMOTIONAL ITEMS (NON INVENTORY)	303.
SUPPORTING FAMILIES & PROGRAMS THROUGH PHONE & INTERNET	3,621.
WEBSITE - INTERNATIONAL TTTS AWARENESS CAMPAIGN	683.
DIAGNOSED, BEREAVED, NICU & SPECIAL NEEDS FUNDRAISING	1,621.
EDUCATION MATERIALS & BEREAVEMENT PACKETS	3,161.
PAYROLL TAXES	2,854.
PROGRAM SERVICES THROUGH COMPUTER & SOFTWARE (DEPRECIATION)	1,233.
MERCHANT & TRANSACTION FEES (NON INVENTORY)	2,327.
OFFICE SUPPLIES	1,285.
FILING FEES	386.
PROFESSIONAL FEES	600.
AWARENESS SPEAKER	1,030.
<b>TOTAL TO FORM 990-EZ, LINE 16</b>	<b>19,244.</b>

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
FIXED ASSET - COST	6,165.	6,165.
FIXED ASSET - DEPRECIATION	-1,233.	-2,466.
JEWELRY, BRACELETS & CHARMS	712.	430.
<b>TOTAL TO FORM 990-EZ, LINE 24</b>	<b>5,644.</b>	<b>4,129.</b>

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

Department of the Treasury  
Internal Revenue Service

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

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

► Attach to Form 990 or 990-EZ.

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Employer identification number  
34-1740578

**FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:**

PROVIDING EDUCATIONAL AND EMOTIONAL SUPPORT TO FAMILIES,  
MEDICAL PROFESSIONALS AND OTHER CAREGIVERS BEFORE, DURING  
AND AFTER A DIAGNOSIS OF TTTS (INCLUDING BEREAVEMENT,  
NICU, SPECIAL NEEDS AND RESEARCH). SINCE 1989, OVER 17,000 FAMILIES  
DIRECTLY SUPPORTED. FOUNDATION ALSO PROVIDES AN INTERNATIONAL WEBSITE  
FOR EDUCATION AND HELP.

**FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:**

INTERNATIONAL TTTS AWARENESS PROGRAM TO INCREASE AWARENESS  
OF TTTS TO EDUCATE PARENTS AND MEDICAL PROFESSIONALS ON  
THE WARNING SIGNS OF TTTS, TREATMENT OPTIONS, IMPORTANCE  
OF EARLY DIAGNOSIS OF CHORIONICITY BY 8 WEEKS OF PREGNANCY, WEEKLY  
ULTRASOUNDS WITH A MFM SPECIALIST, IMPORTANCE OF  
REST/NUTRITION/CERVICAL LENGTH AND EARLIER DELIVERY.

**FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:**

PROVIDING FAMILY GRANTS TO FINANCIALLY NEEDY FAMILIES IN  
CRISIS TO RECEIVE TRAVEL AND LODGING FOR TTTS TREATMENT  
FOR THEIR BABIES AS WELL AS BEREAVEMENT GRANTS TO PROVIDE  
COMPASSIONATE SERVICES AND CEMETARY MONUMENTS AND MARKERS TO HONOR AND  
LOVE THEIR BABIES. FOUNDATION ALSO PROVIDES RESEARCH GRANTS.

**FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:**

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

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

332211  
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

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

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

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

► Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2013**

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**Department of the Treasury  
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**Name of the organization**

# THE TWIN TO TWIN TRANSFUSION SYNDROME FOUNDATION

**Employer identification number**  
**34-1740578**

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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

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

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

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

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. <b>THE TWIN TO TWIN TRANSFUSION SYNDROME FOUNDATION</b>	Employer identification number (EIN) or <b>34-1740578</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>411 LONGBEACH PARKWAY</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BAY VILLAGE, OH 44140-1327</b>	

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

**0 1**

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

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

**MARY SLAMAN-FORSYTHE**

- The books are in the care of ► **411 LONGBEACH PARKWAY - BAY VILLAGE, OH 44140-1327**

Telephone No. ► **800-815-9211** Fax No. ► \_\_\_\_\_

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

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2014**.

5 For calendar year **2013**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

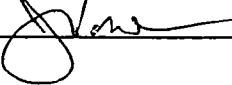
7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	0.

**Signature and Verification must be completed for Part II only.**

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

Signature ► 

Title ►

**CPA**

Date ►

**8/05/14**

Form 8868 (Rev. 1-2014)