

Taxpayer Copy



Florida Breast Cancer Coalition Research  
Foundation, Inc.  
11900 BISCAYNE BLVD.  
NORTH MIAMI, FL 33181

Dear Client,

Enclosed are the original and one copy of your income tax returns for the period ended June 30, 2014 for:

Florida Breast Cancer Coalition Research  
Foundation, Inc. as follows...

2013 990 - Return of Organization Exempt from Income Tax  
2013 Schedule A - Public Charity Status and Public Support  
2013 Schedule B - Schedule of Contributors  
2013 Schedule D - Supplemental Financial Statements  
2013 Schedule I - Grants & Other Assist. to Org/Gov/Ind. in the U.S  
2013 Schedule L - Transactions with Interested Persons  
2013 Schedule O - Supplemental Information to Form 990 or 990EZ  
2013 8879-EO - IRS e-file Signature Authorization

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

These returns were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the returns before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the returns, please contact us before filing them.

Tax or professional advice contained in or accompanying this document, unless otherwise specifically stated, is not intended or written to be used, and cannot be used for the purpose of (i) avoiding penalties under the Internal Revenue Code, or (ii) promoting, marketing or recommending to another party any transaction or matter that is contained in or accompanying this document. In addition, unless otherwise specifically stated, any advice provided shall not be deemed a formal tax opinion upon which the addressee can rely.

We sincerely appreciate this opportunity to serve you. Please contact us if you have questions concerning the returns or if we may be of further assistance.



MARCUM GROUP  
MEMBER

Marcum LLP

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Florida Breast Cancer Coalition Research

Very truly yours,

Donald Butler  
MARCUM LLP

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2013

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

**A For the 2013 calendar year, or tax year beginning** 07/01, 2013, and ending 06/30, 2014

|   |  |  |                          |   |  |
|---|--|--|--------------------------|---|--|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization <b>FLORIDA BREAST CANCER COALITION RESEARCH FOUNDATION, INC.</b><br>Doing Business As <b>FLORIDA BREAST CANCER FOUNDATION, INC</b> |  |                          | <b>D</b> Employer identification number<br>01-0694045   |  |
|   | Number and street (or P.O. box if mail is not delivered to street address)<br><b>11900 BISCAYNE BLVD.</b>  |  | Room/suite<br><b>806</b> | <b>E</b> Telephone number<br>(305) 631-2134   |  |
|   | City or town, state or province, country, and ZIP or foreign postal code<br><b>NORTH MIAMI, FL 33181</b>   |  |                          | <b>G</b> Gross receipts \$ <b>1,005,160.</b>  |  |
|   | <b>F</b> Name and address of principal officer: <b>CAROLYN KERSHNER</b><br><b>14610 NW 11TH PLACE NEWBERRY, FL 32669</b>   |  |                          | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |  |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |  |  |                          |   |  |
| <b>J</b> Website: ▶ <b>WWW.FLORIDABREASTCANCER.ORG</b>  |  |  |                          |   |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |  |  |                          |   |  |
| <b>L</b> Year of formation: 2001  |  |  |                          | <b>M</b> State of legal domicile: FL  |  |

**Part I Summary**

|                                    |   |  |                                  |                     |
|------------------------------------|---|--|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b> | <b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO END BREAST CANCER THROUGH ADVOCACY, EDUCATION, AND RESEARCH.</u> |  |                                  |                     |
|                                    | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.            |  |                                  |                     |
|                                    | <b>3</b>  | Number of voting members of the governing body (Part VI, line 1a)                  | <b>3</b>                         | 10.                 |
|                                    | <b>4</b>  | Number of independent voting members of the governing body (Part VI, line 1b)      | <b>4</b>                         | 10.                 |
|                                    | <b>5</b>  | Total number of individuals employed in calendar year 2013 (Part V, line 2a)       | <b>5</b>                         | 5.                  |
|                                    | <b>6</b>  | Total number of volunteers (estimate if necessary)                                 | <b>6</b>                         | 100.                |
|                                    | <b>7a</b>   | Total unrelated business revenue from Part VIII, column (C), line 12               | <b>7a</b>                        | 0                   |
| <b>7b</b>                          | Net unrelated business taxable income from Form 990-T, line 34  | <b>7b</b>  | 0                                |                     |
| <b>Revenue</b>                     |   |  | <b>Prior Year</b>                | <b>Current Year</b> |
|                                    | <b>8</b>  | Contributions and grants (Part VIII, line 1h)                                      | 898,235.                         | 1,002,531.          |
|                                    | <b>9</b>  | Program service revenue (Part VIII, line 2g)                                       | 0                                | 0                   |
|                                    | <b>10</b>   | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                      | 2,121.                           | 2,629.              |
|                                    | <b>11</b>   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)           | 4,246.                           | 0                   |
|                                    | <b>12</b>   | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 904,602.                         | 1,005,160.          |
| <b>Expenses</b>                    | <b>13</b>   | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                   | 362,214.                         | 992,844.            |
|                                    | <b>14</b>   | Benefits paid to or for members (Part IX, column (A), line 4)                      | 0                                | 0                   |
|                                    | <b>15</b>   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 190,082.                         | 225,965.            |
|                                    | <b>16a</b>  | Professional fundraising fees (Part IX, column (A), line 11e)                      | 0                                | 0                   |
|                                    | <b>b</b>  | Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>47,772.</u>         |                                  |                     |
|                                    | <b>17</b>   | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                       | 173,662.                         | 147,400.            |
| <b>18</b>                          | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | 725,958.   | 1,366,209.                       |                     |
| <b>19</b>                          | Revenue less expenses. Subtract line 18 from line 12  | 178,644.   | -361,049.                        |                     |
| <b>Net Assets or Fund Balances</b> |   |  | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|                                    | <b>20</b>   | Total assets (Part X, line 16)   | 1,437,409.                       | 1,063,287.          |
|                                    | <b>21</b>   | Total liabilities (Part X, line 26)  | 36,450.                          | 23,377.             |
| <b>22</b>                          | Net assets or fund balances. Subtract line 21 from line 20  | 1,400,959.   | 1,039,910.                       |                     |

**Part II Signature Block**

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

|  |                                    |                         |            |  |
|--|------------------------------------|-------------------------|------------|--|
| <b>Sign Here</b>   | Signature of officer _____         |                         | Date _____ |  |
|  | Type or print name and title _____ |                         |            |  |
| <b>Paid Preparer Use Only</b>                                    | Print/Type preparer's name         | Preparer's signature    | Date       | Check <input type="checkbox"/> if self-employed PTIN |
|  | DONALD BUTLER                      |                         |            | P00541422  |
|  | Firm's name ▶ MARCUM, LLP          | Firm's EIN ▶ 11-1986323 |            | Phone no. 305-995-9600                               |
| Firm's address ▶ ONE SE THIRD AVENUE, SUITE 1100 MIAMI, FL 33131 |                                    |                         |            |  |

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

**For Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2013)

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

1 Briefly describe the organization's mission:

TO END BREAST CANCER THROUGH ADVOCACY, EDUCATION, AND RESEARCH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 26,307. including grants of \$ ) (Revenue \$ )

ATTACHMENT 1

4b (Code: ) (Expenses \$ 173,323. including grants of \$ 733. ) (Revenue \$ )

ATTACHMENT 2

4c (Code: ) (Expenses \$ 1,073,330. including grants of \$ 992,111. ) (Revenue \$ )

ATTACHMENT 3

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

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

4e Total program service expenses 1,272,960.

**Part IV Checklist of Required Schedules**

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

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

|   | Yes | No |
|---|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>   | X   |    |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>   |     | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>   |     | X  |
| <b>24 a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. . . . .</i>                          |     | X  |
| <b>24 b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .   |     |    |
| <b>24 c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  |     |    |
| <b>24 d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .   |     |    |
| <b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I. . . . .</i>  |     | X  |
| <b>25 b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I. . . . .</i>                                     |     | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II. . . . .  |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III. . . . .</i> | X   |    |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |     |    |
| <b>28 a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>   |     | X  |
| <b>28 b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>  |     | X  |
| <b>28 c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>  |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>   |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>   |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I. . . . .</i>  |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>   |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>   |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>   |     | X  |
| <b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   |     | X  |
| <b>35 b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2. . . . .</i>   |     |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>  |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI. . . . .</i>   |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .  | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.



Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with columns for line numbers (1a, 1b, 2-9), descriptions of questions, and Yes/No response columns. Includes questions about voting members, family relationships, and governance decisions.

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

Table with columns for line numbers (10a-16b), descriptions of policies, and Yes/No response columns. Includes questions about local chapters, conflict of interest, whistleblower, and compensation policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: RUSSELL SILVERMAN 11900 BISCAYNE BLVD. #806 NORTH MIAMI, FL 33181 305-631-2134

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII.

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                           | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) JOHN CAPURSO<br>BOARD MEMBER                | 1.00   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (2) KATHY DURHAM<br>BOARD MEMBER                | 1.00   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (3) CAROLYN KERSHNER<br>CHAIR                   | 4.00   | X  |                       | X       |              |                              | 0      | 0  | 0   |   |
| (4) LOWELL RUSH<br>TREASURER                    | 1.00   | X  |                       | X       |              |                              | 0      | 0  | 0   |   |
| (5) JANE TORRES<br>VICE-CHAIR                   | 1.00   | X  |                       | X       |              |                              | 0      | 0  | 0   |   |
| (6) DR. SHARLENE WEISS<br>BOARD MEMBER          | 1.00   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (7) DR. AIMEE SANCHEZ-ZADAK, PH.D.<br>SECRETARY | 1.00   | X  |                       | X       |              |                              | 0      | 0  | 0   |   |
| (8) DR. SHAHLA MASOOD<br>BOARD MEMBER           | 1.00   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (9) JERI FRANCOUER<br>BOARD MEMBER              | 1.00   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (10) ANGELA LONG<br>BOARD MEMBER                | 1.00   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (11)  |  |  |                       |         |              |                              |        |  |   |   |
| (12)  |  |  |                       |         |              |                              |        |  |   |   |
| (13)  |  |  |                       |         |              |                              |        |  |   |   |
| (14)  |  |  |                       |         |              |                              |        |  |   |   |



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

|   |   |                      |               | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |
|---|---|----------------------|---------------|----------------------|--|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>             | <b>1a</b> Federated campaigns . . . . .   | <b>1a</b>            |               |                      |  |   |  |
|   | <b>b</b> Membership dues . . . . .  | <b>1b</b>            |               |                      |  |   |  |
|   | <b>c</b> Fundraising events . . . . .   | <b>1c</b>            |               |                      |  |   |  |
|   | <b>d</b> Related organizations . . . . .  | <b>1d</b>            |               |                      |  |   |  |
|   | <b>e</b> Government grants (contributions) . .  | <b>1e</b>            | 533,244.      |                      |  |   |  |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above .  | <b>1f</b>            | 469,287.      |                      |  |   |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$  |                      |               |                      |  |   |  |
|   | <b>h Total.</b> Add lines 1a-1f . . . . .   |                      |               | 1,002,531.           |  |   |  |
| <b>Program Service Revenue</b>  | <b>2a</b> _____   | <b>Business Code</b> |               |                      |  |   |  |
|   | <b>b</b> _____  |                      |               |                      |  |   |  |
|   | <b>c</b> _____  |                      |               |                      |  |   |  |
|   | <b>d</b> _____  |                      |               |                      |  |   |  |
|   | <b>e</b> _____  |                      |               |                      |  |   |  |
|   | <b>f</b> All other program service revenue . . . . .  |                      |               |                      |  |   |  |
|   | <b>g Total.</b> Add lines 2a-2f . . . . .   |                      |               | 0                    |  |   |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) . . . . .  |                      |               | 2,629.               |  |   | 2,629.   |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . .   |                      |               | 0                    |  |   |  |
|   | <b>5</b> Royalties . . . . .  |                      |               | 0                    |  |   |  |
|   | <b>6a</b> Gross rents . . . . .   | (i) Real             | (ii) Personal |                      |  |   |  |
|   | <b>b</b> Less: rental expenses . . . . .  |                      |               |                      |  |   |  |
|   | <b>c</b> Rental income or (loss) . . . . .  |                      |               |                      |  |   |  |
|   | <b>d</b> Net rental income or (loss) . . . . .  |                      |               | 0                    |  |   |  |
|   | <b>7a</b> Gross amount from sales of<br>assets other than inventory . . . . .   | (i) Securities       | (ii) Other    |                      |  |   |  |
|   | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . .  |                      |               |                      |  |   |  |
|   | <b>c</b> Gain or (loss) . . . . .   |                      |               |                      |  |   |  |
|   | <b>d</b> Net gain or (loss) . . . . .   |                      |               | 0                    |  |   |  |
|   | <b>8a</b> Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | <b>a</b>             |               |                      |  |   |  |
|   | <b>b</b> Less: direct expenses . . . . .  | <b>b</b>             |               |                      |  |   |  |
|   | <b>c</b> Net income or (loss) from fundraising events . . . . .   |                      |               | 0                    |  |   |  |
|   | <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . .  | <b>a</b>             |               |                      |  |   |  |
| <b>b</b> Less: direct expenses . . . . .                                      | <b>b</b>  |                      |               |                      |  |   |  |
| <b>c</b> Net income or (loss) from gaming activities . . . . .                |   |                      | 0             |                      |  |   |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . . | <b>a</b>  |                      |               |                      |  |   |  |
| <b>b</b> Less: cost of goods sold . . . . .                                   | <b>b</b>  |                      |               |                      |  |   |  |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .               |   |                      | 0             |                      |  |   |  |
| <b>Miscellaneous Revenue</b>  |   | <b>Business Code</b> |               |                      |  |   |  |
| <b>11a</b> _____  |   |                      |               |                      |  |   |  |
| <b>b</b> _____  |   |                      |               |                      |  |   |  |
| <b>c</b> _____  |   |                      |               |                      |  |   |  |
| <b>d</b> All other revenue . . . . .  |   |                      |               |                      |  |   |  |
| <b>e Total.</b> Add lines 11a-11d . . . . .                                   |   |                      | 0             |                      |  |   |  |
| <b>12 Total revenue.</b> See instructions . . . . .                           |   |                      | 1,005,160.    |                      |  |   | 2,629.   |

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .  | 992,111.              | 992,111.                        |  |                             |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .  | 733.                  | 733.                            |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .   | 0                     |                                 |  |                             |
| 4 Benefits paid to or for members . . . . .  | 0                     |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .   | 0                     |                                 |  |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 0                     |                                 |  |                             |
| 7 Other salaries and wages . . . . .   | 198,979.              | 146,723.                        | 30,867.                                | 21,389.                     |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   | 0                     |                                 |  |                             |
| 9 Other employee benefits . . . . .  | 9,197.                | 6,782.                          | 1,426.                                 | 989.                        |
| 10 Payroll taxes . . . . .   | 17,789.               | 13,117.                         | 2,760.                                 | 1,912.                      |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management . . . . .   | 0                     |                                 |  |                             |
| b Legal . . . . .  | 0                     |                                 |  |                             |
| c Accounting . . . . .   | 3,330.                | 2,331.                          | 333.                                   | 666.                        |
| d Lobbying . . . . .   | 0                     |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17 . . . . .  | 0                     |                                 |  |                             |
| f Investment management fees . . . . .   | 0                     |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .   | 0                     |                                 |  |                             |
| 12 Advertising and promotion . . . . .   | 28,154.               | 25,168.                         | 1,382.                                 | 1,604.                      |
| 13 Office expenses . . . . .   | 21,507.               | 15,054.                         | 2,152.                                 | 4,301.                      |
| 14 Information technology . . . . .  | 0                     |                                 |  |                             |
| 15 Royalties . . . . .   | 0                     |                                 |  |                             |
| 16 Occupancy . . . . .   | 43,017.               | 30,112.                         | 4,302.                                 | 8,603.                      |
| 17 Travel . . . . .  | 0                     |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | 0                     |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .  | 26,307.               | 26,307.                         |  |                             |
| 20 Interest . . . . .  | 0                     |                                 |  |                             |
| 21 Payments to affiliates . . . . .  | 0                     |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .   | 0                     |                                 |  |                             |
| 23 Insurance . . . . .   | 1,031.                | 760.                            | 160.                                   | 111.                        |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a <u>PAYROLL PROCESSING FEE</u> . . . . .  | 1,423.                | 1,049.                          | 221.                                   | 153.                        |
| b <u>POSTAGE &amp; DELIVERY</u> . . . . .  | 2,856.                | 1,439.                          | 206.                                   | 1,211.                      |
| c <u>PRINTING</u> . . . . .  | 6,903.                | 4,832.                          | 690.                                   | 1,381.                      |
| d <u>DONOR RELATIONS</u> . . . . .   | 1,496.                | 1,496.                          |  |                             |
| e All other expenses . . . . .   | 11,376.               | 4,946.                          | 978.                                   | 5,452.                      |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | <b>1,366,209.</b>     | <b>1,272,960.</b>               | <b>45,477.</b>                         | <b>47,772.</b>              |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . | 0                     |                                 |  |                             |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|--|--------------------------|------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing   | 1,424,391.               | <b>1</b>   | 868,464.           |
|   | <b>2</b> Savings and temporary cash investments  | 0                        | <b>2</b>   | 150,496.           |
|   | <b>3</b> Pledges and grants receivable, net  | 0                        | <b>3</b>   | 0                  |
|   | <b>4</b> Accounts receivable, net  | 5,528.                   | <b>4</b>   | 24,442.            |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   | 0                        | <b>5</b>   | 0                  |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0                        | <b>6</b>   | 0                  |
|   | <b>7</b> Notes and loans receivable, net   | 0                        | <b>7</b>   | 0                  |
|   | <b>8</b> Inventories for sale or use   | 0                        | <b>8</b>   | 0                  |
|   | <b>9</b> Prepaid expenses and deferred charges   | 0                        | <b>9</b>   | 0                  |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 14,070.       |            |                    |
|   | <b>b</b> Less: accumulated depreciation  | <b>10b</b> 14,070.       | <b>10c</b> | 0                  |
|   | <b>11</b> Investments - publicly traded securities   | 0                        | <b>11</b>  | 0                  |
|   | <b>12</b> Investments - other securities. See Part IV, line 11   | 0                        | <b>12</b>  | 10,666.            |
|   | <b>13</b> Investments - program-related. See Part IV, line 11  | 0                        | <b>13</b>  | 0                  |
|   | <b>14</b> Intangible assets  | 0                        | <b>14</b>  | 0                  |
|   | <b>15</b> Other assets. See Part IV, line 11   | 7,490.                   | <b>15</b>  | 9,219.             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) | 1,437,409.   | <b>16</b>                | 1,063,287. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses  | 10,423.                  | <b>17</b>  | 23,377.            |
|   | <b>18</b> Grants payable   | 0                        | <b>18</b>  | 0                  |
|   | <b>19</b> Deferred revenue   | 0                        | <b>19</b>  | 0                  |
|   | <b>20</b> Tax-exempt bond liabilities  | 0                        | <b>20</b>  | 0                  |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  | 0                        | <b>21</b>  | 0                  |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   | 0                        | <b>22</b>  | 0                  |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties   | 0                        | <b>23</b>  | 0                  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties   | 0                        | <b>24</b>  | 0                  |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  | 26,027.                  | <b>25</b>  | 0                  |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25   | 36,450.                  | <b>26</b>  | 23,377.            |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |            |                    |
|   | <b>27</b> Unrestricted net assets  | 55,080.                  | <b>27</b>  | 257,503.           |
|   | <b>28</b> Temporarily restricted net assets  | 1,345,879.               | <b>28</b>  | 782,407.           |
|   | <b>29</b> Permanently restricted net assets  | 0                        | <b>29</b>  | 0                  |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |            |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds   |                          | <b>30</b>  |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund   |                          | <b>31</b>  |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>32</b>  |                    |
|   | <b>33</b> Total net assets or fund balances  | 1,400,959.               | <b>33</b>  | 1,039,910.         |
|   | <b>34</b> Total liabilities and net assets/fund balances   | 1,437,409.               | <b>34</b>  | 1,063,287.         |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 1,005,160. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 1,366,209. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -361,049.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 1,400,959. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 0          |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  | 0          |
| <b>7</b>  | Investment expenses  | <b>7</b>  | 0          |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | 0          |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 1,039,910. |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | X  |
| <b>2b</b> | X   |    |
| <b>2c</b> | X   |    |
| <b>3a</b> |     | X  |
| <b>3b</b> |     |    |

**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 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).

Name of the organization **FLORIDA BREAST CANCER COALITION RESEARCH FOUNDATION, INC.**

Employer identification number  
**01-0694045**

**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) |     |    |

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

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  |
|---|----------|----------|----------|----------|------------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .   | 725,085. | 914,679. | 878,623. | 898,235. | 1,002,531. | 4,419,153. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |            | 0          |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |            | 0          |
| <b>4 Total.</b> Add lines 1 through 3. . . . .  | 725,085. | 914,679. | 878,623. | 898,235. | 1,002,531. | 4,419,153. |
| <b>5</b> 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). . . . . |          |          |          |          |            | 0          |
| <b>6 Public support.</b> Subtract line 5 from line 4.   |          |          |          |          |            | 4,419,153. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013   | (f) Total                |
|--|----------|----------|----------|----------|------------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .   | 725,085. | 914,679. | 878,623. | 898,235. | 1,002,531. | 4,419,153.               |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .  | 9,640.   | 4,030.   | 2,216.   | 2,121.   | 2,629.     | 20,636.                  |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .  |          |          |          |          |            | 0                        |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .  |          |          |          |          |            | 0                        |
| <b>11 Total support.</b> Add lines 7 through 10. . . . .   |          |          |          |          |            | 4,439,789.               |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .  |          |          |          |          | <b>12</b>  |                          |
| <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 <b>stop here</b> . . . . . |          |          |          |          |            | <input type="checkbox"/> |

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

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .  | <b>14</b> | 99.54%                              |
| <b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .  | <b>15</b> | 99.22%                              |
| <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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .   |           | <input checked="" 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 <b>stop here</b> . 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 <b>stop here</b> . 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 <b>stop here</b> . 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"/>            |

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

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . . . .   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .  |          |          |          |          |          |           |

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

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

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> | % |

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> | % |

**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 ►

**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 ►

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

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**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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**Schedule of Contributors**

**2013**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

|   |   |
|---|---|
| <b>Name of the organization</b><br>FLORIDA BREAST CANCER COALITION RESEARCH<br>FOUNDATION, INC. | <b>Employer identification number</b><br>01-0694045 |
|---|---|

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|  |   |
|--|---|
| <b>Name of organization</b> FLORIDA BREAST CANCER COALITION RESEARCH<br>FOUNDATION, INC. | <b>Employer identification number</b><br>01-0694045 |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 1          | THE POINT OF AVENTURA<br>-----<br>21125 YACHT CLUB DRIVE<br>-----<br>AVENTURA, FL 33180<br>-----                           | \$ 25,284.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | MATTROB, INC.<br>-----<br>330 S. STATE ROAD 7<br>-----<br>HOLLYWOOD, FL 33023<br>-----                                     | \$ 272,838.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | DMV SPECIALTY LICENSE PLATE SECTION MS68<br>-----<br>2900 APALACHE PARKWAY<br>-----<br>TALLAHASSEE, FL 32399-0500<br>----- | \$ 533,244.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | NATIONAL MARINE SUPPLIERS<br>-----<br>2800 SW 2ND AVENEUE<br>-----<br>FT. LAUDERDALE, FL 33315<br>-----                    | \$ 24,353.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | -----<br>-----<br>-----  | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | -----<br>-----<br>-----  | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|  |   |
|--|---|
| <b>Name of organization</b> FLORIDA BREAST CANCER COALITION RESEARCH<br>FOUNDATION, INC. | <b>Employer identification number</b><br>01-0694045 |
|--|---|

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
| -----                     | -----<br>-----<br>-----                      | \$ -----                                       | -----                |
| -----                     | -----<br>-----<br>-----                      | \$ -----                                       | -----                |
| -----                     | -----<br>-----<br>-----                      | \$ -----                                       | -----                |
| -----                     | -----<br>-----<br>-----                      | \$ -----                                       | -----                |
| -----                     | -----<br>-----<br>-----                      | \$ -----                                       | -----                |
| -----                     | -----<br>-----<br>-----                      | \$ -----                                       | -----                |
| -----                     | -----<br>-----<br>-----                      | \$ -----                                       | -----                |

|   |   |
|---|---|
| Name of organization <b>FLORIDA BREAST CANCER COALITION RESEARCH FOUNDATION, INC.</b> | Employer identification number<br><b>01-0694045</b> |
|---|---|

**Part III** **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.  
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization FLORIDA BREAST CANCER COALITION RESEARCH FOUNDATION, INC.

Employer identification number 01-0694045

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports conservation easements...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Amounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2013

JSA 3E1268 2.000



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount |
|---|--------|
| c Beginning balance . . . . .             | 1c     |
| d Additions during the year . . . . .     | 1d     |
| e Distributions during the year . . . . . | 1e     |
| f Ending balance . . . . .                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. . . . .

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| b Contributions . . . . .                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses . . . . .     |                  |                |                    |                      |                     |
| d Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| f Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| g End of year balance . . . . .                            |                  |                |                    |                      |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  %
  - c Temporarily restricted endowment  %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations . . . . .   | 3a(i)  |    |
| (ii) related organizations . . . . .  | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     |    |

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land . . . . .  |                                      |                                 |                              |                |
| b Buildings . . . . .  |                                      |                                 |                              |                |
| c Leasehold improvements . . . . .   |                                      |                                 |                              |                |
| d Equipment . . . . .  |                                      | 14,070.                         | 14,070.                      |                |
| e Other . . . . .  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . | ▶                                    |                                 |                              |                |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |  |
|---|----------------|--|
| (1) Federal income taxes  |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ |                |  |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

|          |  |           |           |            |
|----------|--|-----------|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       |           | <b>1</b>  | 1,005,160. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |           |            |
| <b>a</b> | Net unrealized gains on investments  | <b>2a</b> |           |            |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> |           |            |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |           |            |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> |           |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  |           | <b>2e</b> |            |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   |           | <b>3</b>  | 1,005,160. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |           |            |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |           |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  |           | <b>4c</b> |            |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) |           | <b>5</b>  | 1,005,160. |

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

|          |   |           |           |            |
|----------|---|-----------|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      |           | <b>1</b>  | 1,366,209. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |           |            |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> |           |            |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |           |            |
| <b>c</b> | Other losses  | <b>2c</b> |           |            |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> |           |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   |           | <b>2e</b> |            |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  |           | <b>3</b>  | 1,366,209. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |           |            |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |           |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   |           | <b>4c</b> |            |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) |           | <b>5</b>  | 1,366,209. |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

PART X, LINE 2

THE FOUNDATION FOLLOWS THE PROVISIONS OF FASB ASC TOPIC 740-10 AND RELATED SUBSECTIONS FOR THE RECOGNITION, MEASUREMENT, CLASSIFICATION, AND DISCLOSURE IN THE FINANCIAL STATEMENTS OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE FOUNDATION'S TAX RETURNS. AS A RESULT OF IMPLEMENTING THIS GUIDANCE, MANAGEMENT HAS DETERMINED THAT THE FOUNDATION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS AND ASSOCIATED UNRECOGNIZED BENEFITS THAT MATERIALLY IMPACT THE FINANCIAL STATEMENTS OR RELATED DISCLOSURES.

SINCE TAX MATTERS ARE SUBJECT TO SOME DEGREE OF UNCERTAINTY, THERE CAN BE NO ASSURANCE THAT THE FOUNDATION'S TAX RETURNS WILL NOT BE CHALLENGED BY THE TAXING AUTHORITIES AND THAT THE FOUNDATION WILL NOT BE SUBJECT TO ADDITIONAL TAX, PENALTIES, AND INTEREST AS A RESULT OF SUCH CHALLENGE. IF THE FOUNDATION WERE TO INCUR AN INCOME TAX LIABILITY IN THE FUTURE, INTEREST WOULD BE REPORTED AS INTEREST EXPENSE AND PENALTIES WOULD BE REPORTED AS INCOME TAXES. GENERALLY, THE FOUNDATION'S TAX RETURNS REMAIN OPEN FOR FEDERAL INCOME TAX EXAMINATION FOR THREE YEARS FROM THE DATE OF FILING.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **FLORIDA BREAST CANCER COALITION RESEARCH  
FOUNDATION, INC.**

Employer identification number  
**01-0694045**

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

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

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

| 1 (a) Name and address of organization or government                                       | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) UNIVERSITY OF FLORIDA<br>219 GRINTER HALL GAINSVILLE, FL 32611                         | 59-6002052 | 501(C)(3)                     | 200,000.                 |                                   |   |  | SCIENTIFIC RESEARCH                |
| (2) H. LEE MOFFIT CANCER CENTER<br>12902 USF MAGNOLIA DRIVE TAMPA, FL 33612                | 59-2451713 | 501(C)(3)                     | 199,999.                 |                                   |   |  | SCIENTIFIC RESEARCH                |
| (3) UNIVERSITY OF MIAMI<br>1320 S. DIXIE HWY. CORAL GABLES, FL 33124                       | 59-0624458 | 501(C)(3)                     | 368,721.                 |                                   |   |  | SCIENTIFIC RESEARCH                |
| (4) UNIVERSITY OF FLORIDA BOARD OF TRUSTEES<br>PO BOX 113125 GAINSVILLE, FL 32611-3125     | 59-6002052 | 501(C)(3)                     | 200,000.                 |                                   |   |  | SCIENTIFIC RESEARCH                |
| (5) BIG BEND AREA HEALTH EDUCATION CENTER, INC.<br>325 JOHN KNOX RD. TALLAHASSEE, FL 32303 | 59-3345711 | 501(C)(3)                     | 6,000.                   |                                   |   |  | EDUCATIONAL PURPOSE                |
| (6) MIAMI-DADE AREA HEALTH EDUCATION CENTER, IN<br>8600 NW 53RD TER #200 DORAL, FL 33166   | 65-0009277 | 501(C)(3)                     | 6,000.                   |                                   |   |  | EDUCATIONAL PURPOSE                |
| (7) NO. BROWARD HOSPITAL DISTRICT D/B/A BROWARD<br>1600 S. ANDREWS AVE.                    | 59-6012065 | 501(C)(3)                     | 7,500.                   |                                   |   |  | EDUCATIONAL PURPOSE                |
| (8) LIBBY'S LEGACY BREAST CANCER FOUNDATION<br>1718 ORANGE AVE. ORLANDO, FL 32806          | 11-3812766 | 501(C)(3)                     | 6,800.                   |                                   |   |  | EDUCATIONAL PURPOSE                |
| (9) _____  |            |                               |                          |                                   |   |  |                                    |
| (10) _____   |            |                               |                          |                                   |   |  |                                    |
| (11) _____   |            |                               |                          |                                   |   |  |                                    |
| (12) _____   |            |                               |                          |                                   |   |  |                                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2013)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1                               |                          |                          |                                   |   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART IV

FBCF MONITORS ITS GRANTEES BY REGULAR SUBMISSION OF REPORTS AS WELL AS  
RANDOM ONSITE VISITS.

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2013**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

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

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

Name of the organization **FLORIDA BREAST CANCER COALITION RESEARCH FOUNDATION, INC.**

Employer identification number  
**01-0694045**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1   | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|-----|---------------------------------|---|--------------------------------|----------------|----|
|     |                                 |   |                                | Yes            | No |
| (1) |                                 |   |                                |                |    |
| (2) |                                 |   |                                |                |    |
| (3) |                                 |   |                                |                |    |
| (4) |                                 |   |                                |                |    |
| (5) |                                 |   |                                |                |    |
| (6) |                                 |   |                                |                |    |

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person     | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-----------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                                   |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
|                                   |                                    |                     | (1)                                   |      |                               |                 |                 |    |                                     |    |                        |    |
| (2)                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (3)                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (4)                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (5)                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (6)                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (7)                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (8)                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (9)                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (10)                              |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| <b>Total</b> . . . . . ▶ \$ _____ |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1) JERI FRANCOUER            | BOARD MEMBER  | 733.                     | SCHOLARSHIP            | BREAST CANCER CONFERENCE  |
| (2)                           |   |                          |                        |                           |
| (3)                           |   |                          |                        |                           |
| (4)                           |   |                          |                        |                           |
| (5)                           |   |                          |                        |                           |
| (6)                           |   |                          |                        |                           |
| (7)                           |   |                          |                        |                           |
| (8)                           |   |                          |                        |                           |
| (9)                           |   |                          |                        |                           |
| (10)                          |   |                          |                        |                           |

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

Schedule L (Form 990 or 990-EZ) 2013

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| (1)                           |   |                           |                                |   |    |
| (2)                           |   |                           |                                |   |    |
| (3)                           |   |                           |                                |   |    |
| (4)                           |   |                           |                                |   |    |
| (5)                           |   |                           |                                |   |    |
| (6)                           |   |                           |                                |   |    |
| (7)                           |   |                           |                                |   |    |
| (8)                           |   |                           |                                |   |    |
| (9)                           |   |                           |                                |   |    |
| (10)                          |   |                           |                                |   |    |

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).



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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

|  |  |  |
|--|--|--|
| Name of the organization<br>FOUNDATION, INC. | FLORIDA BREAST CANCER COALITION RESEARCH | Employer identification number<br>01-0694045 |
|--|--|--|

FORM 990, PART VI - GOVERNING BODY, LINE 1A

FOUNDING DIRECTORS RETAIN VETO POWER OVER BYLAWS AMENDMENTS.

FORM 990, PART VI - POLICIES, LINE 11B

THE PROCESS FOR COMPLETING THE REVIEW OF THE FORM 990 ANNUALLY IS AS  
FOLLOWS: EACH BOARD MEMBER RECEIVES A COPY OF THE 'DRAFT' VERSION OF THE  
RETURN. A MEETING IS HELD TO DISCUSS THE 'DRAFT' AND ANY REQUIRED  
CORRECTIONS. THEN IT IS VOTED ON BEFORE FINAL APPROVAL AND SUBMISSION.

FORM 990, PART VI - POLICIES, LINE 12C

THE FBCF MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST  
POLICY BY REQUIRING THT ALL BOARD MEMBERS AND COMMITTEE MEMBERS SIGN AND  
ADHERE TO THE POLICY ANNUALLY. WHEN CONFLICTS ARISE, THE POLICIES AND  
PROCEDURES ARE FOLLOWED TO ENSURE THAT POTENTIAL CONFLICTS ARE REVIEWED  
BY UNBIASED MEMBERS OF THE BOARD OR COMMITTEE. BOARD OR COMMITTEE  
MEMBERS WITH POTENTIAL CONFLICTS DO NOT PARTICIPATE.

FORM 990, PART VI - POLICIES, LINE 15A

THE PROCESS FOR DETERMINING COMPENSATION FOR THE EXECUTIVE DIRECTOR OF  
FBCF IS DETERMINED AFTER A COMPLETE SURVEY AND APPROVAL OF THE BOARD OF  
DIRECTORS. WHEN MERIT INCREASES ARE SET, THE FBCF DOES CONSIDER RELEVANT  
DATA TO ENSURE COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF  
THE DELIBERATION OR DECISION.

|  |  |
|--|--|
| Name of the organization<br>FLORIDA BREAST CANCER COALITION RESEARCH<br>FOUNDATION, INC. | Employer identification number<br>01-0694045 |
|--|--|

FORM 990, PART VI - DISCLOSURES, LINE 19

OUR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE FREE OF CHARGE AND PROVIDED UPON REQUEST.

FORM 990, PART VI - GOVERNING BODY, LINE 4

IN SEPTEMBER 2013, THE BY-LAWS OF THE ORGANIZATION WERE AMENDED TO INCLUDE THE FOLLOWING: INSTEAD OF THE TREASURER AUTOMATICALLY SERVING AS THE CHAIR OF THE FINANCE COMMITTEE, THE CHAIR OF THE FINANCE COMMITTEE SHALL BE APPOINTED BY THE BOARD CHAIR.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THE FLORIDA BREAST CANCER FOUNDATION (FBCF) PRESENTED ITS ANNUAL EDUCATION AND ADVOCACY DAY CONFERENCES ON SATURDAY, JANUARY 25TH IN ORLANDO, FL, ON SATURDAY MAY 3RD IN SUNNY ISLES BEACH, FL, ON SATURDAY, MARCH 22ND IN TAMPA, FL, AND ON SATURDAY, JUNE 28TH IN JACKSONVILLE, FL. THE ONE-DAY CONFERENCES WERE A HUGE SUCCESS WITH OVER 280 FBCF SUPPORTORS, ADVOCATES, AND BREAST CANCER SURVIVORS REGISTERED TO LEARN ABOUT THE LATEST CUTTING-EDGE RESEARCH AND MEDICAL PRACTICES AND TECHNIQUES AND VIEW INFORMATIONAL COMMUNITY RESOURCE DISPLAY TABLES. THE CONFERENCES OFFERED A DAY FULL OF EDUCATIONAL SESSIONS FEATURING BREAST CANCER EXPERTS AND RESEARCHERS AT EACH CONFERENCE. THE RESEARCHERS PRESENTING WERE THOSE FUNDED BY FBCF GRANT MONIES FROM THE FLORIDA SPECIALTY END BREAST CANCER LICENSE PLATE.

ATTACHMENT 2

Name of the organization FLORIDA BREAST CANCER COALITION RESEARCH  
FOUNDATION, INC.

Employer identification number  
01-0694045

ATTACHMENT 2 (CONT'D)

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

" THE FLORIDA BREAST CANCER FOUNDATION (FBCF) BELIEVES THAT EARLY DETECTION FOR BREAST CANCER GIVES WOMEN AND MEN THE BEST CHANCE OF CURING THE DISEASE OR ENABLING THE DISEASE TO BE SUCCESSFULLY TREATED. BREAST EDUCATION AND BREAST CANCER AWARENESS COUPLED WITH KNOWLEDGEABLE ADVOCATES ARE THE BEST WAYS TO ACCOMPLISH THIS GOAL. TO THAT END THE FBCF HAS CREATED THE JANE TORRES SCHOLARSHIP FUND TO ASSIST INDIVIDUALS INTERESTED IN OBTAINING EDUCATION AND TRAINING IN BREAST CANCER RESEARCH AND ADVOCACY. SCHOLARSHIPS ARE AWARDED EACH YEAR THAT ENABLE ADVOCATES TO ATTEND BREAST CANCER CONFERENCES AND TRAINING. IN ADDITION TO SCHOLARSHIPS, FBCF STAFF AND ADVOCATES ATTEND MORE THAN 60 HEALTH FAIRS AND COMMUNITY EVENTS EACH YEAR PROVIDING MATERIALS ON BREAST HEALTH AND BREAST CANCER AWARENESS. FBCF STAFF AND ADVOCATES SERVE AS SPEAKERS ON BREAST HEALTH AND BREAST CANCER AWARENESS TO MORE THAN 24 INVITED SPEAKING OPPORTUNITIES EACH YEAR. IN ADDITION, MEMBERS OF THE STAFF ROUTINELY RESPOND TO E-MAIL AND TELEPHONES REQUESTS FOR HELP AND ASSISTANCE IN LOCATING RESOURCES THAT CAN HELP THOSE WHO HAVE BEEN DIAGNOSED WITH BREAST CANCER AND ARE GOING THROUGH TREATMENT OR ARE FINDING IT DIFFICULT TO UNDERSTAND WHAT TO DO AFTER RECEIVING THEIR DIAGNOSIS OF BREAST CANCER. IN FY 2013-2014 FBCF PROVIDED SCHOLARSHIPS TO ADVOCATES TO ATTEND BREAST CANCER CONFERENCES AND TRAININGS, TOTALING \$733.

|  |  |
|--|--|
| Name of the organization<br>FLORIDA BREAST CANCER COALITION RESEARCH<br>FOUNDATION, INC. | Employer identification number<br>01-0694045 |
|--|--|

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ATTACHMENT 3

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FORM 990, PART III - PROGRAM SERVICE, LINE 4C

THE FLORIDA BREAST CANCER FOUNDATION (FBCF) AWARDS GRANTS FOR EDUCATION AND RESEARCH PROGRAMS STATEWIDE. THE FBCF IS WORKING TO BETTER THE LIVES OF THOSE FACING BREAST CANCER IN THE FLORIDA COMMUNITY. EDUCATION GRANTS ARE AWARDED IN SUPPORT OF INNOVATIVE PROJECTS IN THE AREAS OF BREAST HEALTH AND BREAST CANCER EDUCATION, OUTREACH, AND SUPPORT TARGETED SERVICES NOT OTHERWISE AVAILABLE TO THE MEDICALLY UNDERSERVED POPULATIONS OF FLORIDA. SCIENTIFIC RESEARCH GRANTS ARE AWARDED TO INSTITUTIONS IN THE STATE OF FLORIDA WHO SUBMIT PROPOSALS ON INNOVATIVE PROJECTS THAT HAVE THE POTENTIAL TO MAKE A SIGNIFICANT IMPACT ON BREAST CANCER, PARTICULARLY THOSE INVOLVING MULTIDISCIPLINARY AND/OR MULTI-INSTITUTIONAL COLLABORATIONS. GRANTS ARE AVAILABLE FOR UP TO ONE YEAR. IN FY 2013-2014, THERE WERE 4 SCIENTIFIC GRANTS FUNDED TOTALING \$999,955. THERE WERE 11 EDUCATION GRANTS FUNDED TOTALING \$41,440. TWO GRANTS WERE COMPLETED DURING THE YEAR WITH \$49,284 IN UNUSED FUNDS RETURNED TO THE FOUNDATION.

