Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

SCANNED NOV 2 6 2014

Do not enter Social Security numbers on this form as it may be made public. Department of the Treasury Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service For the 2013 calendar year, or tax year beginning 1/1/2013 and ending 12/31/2013 C Name of organization Check if applicable Zero Breast Cancer D Employer identification number Doing Business As Address change Number and street (or P O box if mail is not delivered to street address) Room/suite 68-0386016 Name change 4340 Redwood Highway C400 E Telephone number Initial return City or town ZIP code (415) 507-1949 an Rafael 94903 Terminated Foreign country name Foreign province/state/county Foreign postal code Amended return G Gross receipts \$ F Name and address of principal officer Application pending H(a) Is this a group return for subordinates? Janice Barlow, same as above H(b) Are all subordinates included? X 501(c)(3) 501(c) If "No," attach a list (see instructions) Tax-exempt status 4947(a)(1) or (insert no) J Website: ▶ www.info@zerobreastcancer.org H(c) Group exemption number ▶ X Corporation K Form of organization Association L Year of formation M State of legal domicile 1996 CA Part I Briefly describe the organization's mission or most significant activities: Zero Breast Cancer is a community based, Activities & Governance nonprofit organization dedicated to prevention and finding the causes of breast cancer through community participation in the scientific research process. We focus on identifying environmental factors and the role they play in breast cancer at all stages of life and across generations Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b). 4 8 Total number of individuals employed in calendar year 2013 (Part V, line 2a) . 5 6 Total number of volunteers (estimate if necessary) . . 6 100 7a Total unrelated business revenue from Part VIII, column (C), line 12. 7a 0 Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Contributions and grants (Part VIII, line 1h). . . 344,456 337,565 Program service revenue (Part VIII, line 2g). . . 161,972 149,140 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 503 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). . . 15,945 8,998 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). 522,876 495,956 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). 215,817 237,884 16a Professional fundraising fees (Part IX, column (A), line 11e) 15,405 Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11th (11 = 24e) 17 225,305 201,699 Total expenses Add lines 13-17 (must equal Part IX column (A)-line 2 18 441,122 454,988 19 Revenue less expenses. Subtract line 18 from line 12 81,754 40,968 Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) . . . 582,615 623,304 21 Total liabilities (Part X, line 26) . . . 15,841 15,562 22 Net assets or fund balances. Subtract line 566,774 607,742 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 Sign Signature of officer Here Type or print name and title Print/Type preparer's name Preparer's signature Check X Paid Donna Cohen self-employed P01396479 Preparer ▶ Donna Cohen, CPA Firm's EIN ▶ 68-0288004 Use Only Firm's address ► 1116 Lincoln Avenue, San Rafael, CA 94901 (415) 457-8770

May the IRS discuss this return with the preparer shown above? (see instructions)

	90 (2013)	Zero Breast Cancer	68-0386016	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	<u>. L</u>
1 `	-	escribe the organization's mission		
		ast Cancer is a community based, nonprofit organization dedicated to prevention and finding the		
		ommunity participation in the scientific research process. We focus on identifying environmental factors		'
	biaa iu bi	east cancer at all stages of life and across generations.		
2	Did the o	rganization undertake any significant program services during the year which were not listed on		
_		Form 990 or 990-EZ?	Yes	X No
		describe these new services on Schedule O		<u> </u>
3		rganization cease conducting, or make significant changes in how it conducts, any program		
	services')	Tyes	X No
	If "Yes,"	describe these changes on Schedule O.	_	
4		the organization's program service accomplishments for each of its three largest program service		
		s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and	allocations to oth	ers,
	the total	expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 175,939 including grants of \$) (Revenue		
	Commun	ity-Based, Participatory Research From the outset, Zero Breast Cancer has differentiated		-
		nization from other breast cancer organizations through our unique involvement in research ntinues to be a hallmark of our work. ZBC is the partner on three multi-year grants		
		on breast cancer, prevention and the environment. Pathways is a cohort study of 4,505		
	women v	who were diagnosed with breast cancer in the Kaiser Permanente Northern California health		
	care syst	em The main focus of the Pathways study has been on lifestyle and molecular factors and		
	prospect	ve cohort study of 444 young women examining environmental, lifestyle, and genetic		
	factors in	the development of early puberty. The Environmental Effect on the Mammary Gland across		
	the Lifes	pan Study is developing models and biomarkers to evaluate the impact of environmental		
	stressors	on breast tissues.		
46	(Codo:	\(\(\(\text{C} \) \(\text{C} \)		
4b) (Expenses \$ 26,412 including grants of \$) (Revenue nal and Outreach Programs Zero Breast Cancer is committed to providing the community		
	with clea	r, relevant and evidence-based information on prevention. Over the past decade, ZBC has		· · · · · · · · ·
		Center (BCERP) through a variety of communication channels. We produced 33 videos for		
		provention the environment and breast concer (which as of April 2014 have been		
	download	ded 1,695,806 times). Based on the success of Year 1 of the CYGNET Youth Advisory Board		
	(YAB), Z	ero Breast Cancer applied for and successfully obtained an additional year of BCERP		
	Opportur	nty Fund support to continue YAB activities for a second year. The focus in Year 2 was on		
	learning	how to use advocacy efforts to effectively share information gained from research with		
	relevant	stakeholders and policymakers.		
4c	(Code:) (Expenses \$ 65,656 including grants of \$) (Revenue	\$ 10	200.)
	Honor Th	ny Healer: This unique program provides an opportunity for ZBC to highlight its breast		1-22.7
	cancer e	ducational programs and research findings to an audience of over 200 scientists, public		
	health pr	ofessionals, breast cancer survivors and organizations, clinicians, businesses and		
	commun	ity members from Marın and the San Francisco Bay Area		
4d	Other pro	ogram services. (Describe in Schedule O)	· · · · · · · · · · · · · · · · · · ·	
	(Expense	es \$ 0 including grants of \$ 0) (Revenue \$	0)	
46	Total pro	gram service expenses > 268 007		

Form 990 (2013) Zero Breast Cancer

Part IV Checklist of Required Schedules

			Yes	No
	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	_
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
	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	3		
Л		" 		
4	Section 501(c)(3) organizations. 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	4		_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	_5_		_ <u>X</u> _
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		1	
	"Yes," complete Schedule D, Part I	6		Х
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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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	9		Х
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	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		,	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			اد ســسند
	Schedule D, Part VI	11a	Х	
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	11b		X
С	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	11c		Х
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	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			V
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	125		~
L	Schedule D, Parts XI and XII	12a		X
D	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.	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	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	14b		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	15		×
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	16		Х
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)	17	Х	
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	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	Ì		1
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		_	000	(2012)

Par	IV. Checklist of Required Schedules (continued)		<u> </u>	ugo i
			Yes	No
21՝	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? If "Yes," complete Schedule I, Parts I and II	21		Х
22	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? If "Yes," complete Schedule I, Parts I and III	22		Х
23	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? If "Yes," complete Schedule J	23		Х
24a	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? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	270		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	230		^
-	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	ach		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		Х
20	current or former officers, directors, trustees, key employees, highest compensated employees, or	1		
	disqualified persons? If so, complete Schedule L, Part II			
27		26		X
27	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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	v	. 4	`
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions).		26 36 62	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28b	<u> </u>	_X_
C	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? If "Yes," complete Schedule L, Part IV	28c		_X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	"		 ^
55	19? Note. All Form 990 filers are required to complete Schedule O		,	
	10. Note: All Commode mens are required to complete Scriedule U	38	LX.	

Par	t 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			
_,			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			ļ
_	gaming (gambling) winnings to prize winners?	1c	X	├
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
L	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	2b	X	├
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	 	 ^
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			\vdash
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	<u>x</u>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	L	Ь
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	<u>6a</u>	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b		₩
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	\vdash
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			† ·
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>	<u> </u>	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	_	-	-
_	organization, have excess business holdings at any time during the year?	8	 	├-
9 a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	 	\vdash
10	Section 501(c)(7) organizations. Enter:	35	 	
а	Initiation fees and capital contributions included on Part VIII, line 12		ļ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	-		1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		₩	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	—	├
L	Note. See the instructions for additional information the organization must report on Schedule O.		1	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		1	
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	\vdash	x
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b	_	广

Sect	ion A. Governing Body and Management			1	
			$\overline{}$	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a 8</u>			
	If there are material differences in voting rights among members of the governing body, or				
	of the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O	46 0		i	
þ	Enter the number of voting members included in line 1a, above, who are independent	1b 8	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati	onsnip with	2		X
_	any other officer, director, trustee, or key employee?	or the direct	-		
3	Did the organization delegate control over management duties customarily performed by or und		,		v
	supervision of officers, directors, or trustees, or key employees to a management company or o		3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		5		X
5	Did the organization become aware during the year of a significant diversion of the organization	S assets?	6		x
6	Did the organization have members or stockholders?	or oppoint			^
7a	Did the organization have members, stockholders, or other persons who had the power to elect one or more members of the governing body?	от арропіт	7a		х
L		oro	/ a		^
b	Are any governance decisions of the organization reserved to (or subject to approval by) memb	ers,	7b		X
_	stockholders, or persons other than the governing body?	kon during	10		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions underta	iken uulliy			!
_	the year by the following: The governing body?		8a		
a	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	e reached			
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule		9		x
Sact	ion B. Policies (This Section B requests information about policies not required by the I				
3600	ion B. Foncies (This Section B requests information about policies not required by the r	THOMAS NO VOME O	000.7	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of su	ch chapters	1.00		T T
-	affiliates, and branches to ensure their operations are consistent with the organization's exemp		10ь		i
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bet		11a	X	$\overline{}$
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	and the second s		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy?				
	describe in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and ap	proval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberate				
а	The organization's CEO, Executive Director, or top management official.		15a	X	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar are	angement	_		
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to e	valuate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to s	afeguard		<u> </u>	
	the organization's exempt status with respect to such arrangements?	<u> </u>	1 <u>6</u> b	İ	
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► California				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	1 990-T (Section 501)	(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.				
		xplain in Schedule O			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documer	its, conflict of interest	policy	y, an	d
	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 bo				
	organization Janice Barlow 4340 Redwood Highway, Suite C400 San Rafael, CA 94903	(415) 507-1	949		
	A SAU REOWOOD HIDDWAY SUITE CAULI SAN RATAEL CA 94903				

orm 990 (201 <u>3)</u>	Zero Breast Cancer									68-03860	16	Page 7
Part VI	Compensation of Officers, Direct	ctors, Trustee	s, K	ey	Em	plo	yees	, H	ighest Comp	ensated		
	Employees, and Independent C											
•	Check if Schedule O contains a re	esponse or not	e to	any	line	e ın	this	Pai	rt VII....			_Ц_
ection A.	Officers, Directors, Trustees, Key E	Employees, and	l Hig	hes	t Co	omp	oensa	tec	Employees			
a Complete	this table for all persons required to be tax year	listed. Report of	comp	ens	atio	n fo	r the	cale	endar year endır	ng with or within	the	
•	of the organization's current officers, o	directors, trustee	es (w	heth	ner i	indi	vidual	s o	r organizations).	, regardless of a	mount	
	ion. Enter -0- in columns (D), (E), and		•						,	. 3		
	of the organization's current key empl											
	organization's five current highest co)
	reportable compensation (Box 5 of Fo and any related organizations	rm vv-2 and/or	BOX /	OT	Fori	m ı	099-W	115	(c) of more than	\$100,000 from	ine	
-	of the organization's former officers, k	ev employees :	and h	uaha	est (com	nens	ate	d employees wh	o received more	e than	
	eportable compensation from the orga								a chiployees wi	io received mon	. tilaii	
	of the organization's former directors		-		_				v as a former di	irector or trustee	of the	
	more than \$10,000 of reportable comp						•		•			
ıst persons ı	n the following order: individual trustee	es or directors; ii	nstitu	tion	al tr	ust	ees; o	ffic	ers, key employ	ees; highest		
ompensated	employees; and former such persons									_		
Check th	is box if neither the organization nor ar	ny related organ	uzatio	n c	omp	ens	sated	any	current officer,	director, or trus	tee.	
					((C)						•
	400		 		Pos				 .	<u>,_,</u>	-	
	(A) Name and Title	(B) Average					than o		(D) Reportable	(E) Reportable		F) nated
		hours per week (list any					or/truste		compensation from	compensation from related		unt of her
		hours for	or di	Instit	Officer	Key	empl gha	Former	the	organizations	compe	nsation
		related organizations	idua recto	utro	e e	emp	est c	er	organization (W-2/1099-MISC)	(W-2/1099-MISC)		n the ization
		below dotted	Y Tr	nal tı		employee	° a					elated
		line)	Individual trustee or director	Institutional trustee		Р.	Highest compensated employee				organi	zations
				ď			ated					
(1) Katie B	eacock	1.00										
resident			x		Х							
(2) Erica H	leath	0 50										
/ice Presider	nt		X		X							
(3) Fern O	renstein	0.50	1									
reasurer			X		Х							
(4) William	Stephens	0.50	1									
Secretary (5) Leffers	y DalPoggetto	0 50	X		X		\vdash					
Orector	y Dair oggetto	1	X									
(6) Connie	Goldsmith	0.50	-	\vdash								
Director			×									
	/ Anderson	0.50										
Director			X	<u> </u>			l l					
(8) James	Patrick	0.50										
Director			X	<u> </u>	<u> </u>	<u> </u>				· · · · · · · · · · · · · · · · · · ·		
	Barlow	40.00	4	ļ								
Executive Dir	ector			<u> </u>	X				68,681			
10)			-									
111		-		\vdash	\vdash	\vdash	 			-		
2.17		·	1									
12)			 	\vdash			\dagger	_	····			
:: : :		ļ	1									
13)												
		[1	1	I	1	1		1	ļ	l	

	(A) Name and title	(B) Average hours per week (list any	(do n box, office	ot ch unles	Pos eck s pe	ition more rson	e than o	one i an	(D) Reportable compensation from	(E) Reportable compensation from related	Es	(F) timated	
		hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	com fr org and	pensation the anization in relate inization	on ed
(15)										_	_		
<u>(16)</u>									-				
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>			-										·
(20)													
(21)													
(22)			1		-								_
(23)													-
(24)			 						*				-
(25)			+										
1b c d	Sub-total	Section A					•	. •					
2	Total number of individuals (including but not reportable compensation from the organization	limited to those								-	<u>.</u>		
3	Did the organization list any former officer, di		a ka	v er	mnl	OV A	a or	hial	hest compensati	ed.		Yes	No
3	employee on line 1a? If "Yes," complete Sche	edule J for such	ındıv	ıdu	aĺ.	•					3		X
4	For any individual listed on line 1a, is the sum the organization and related organizations graindividual.		,000	? <i>If</i>	"Ye	s," (comp				4		X
5	Did any person listed on line 1a receive or act for services rendered to the organization? If "	crue compensa	tion f	from	an	y ur	relat				5		×
Sec	tion B. Independent Contractors	res, complete	SCITE	Juui	6 0	101	Sucii	per	3011	· · · · ·	1 3		
1	Complete this table for your five highest compoundation from the organization. Report of year.	•										×	
	(A) Name and business add	dress							(B) Description of se	ervices	(C Compe		ı
								F					
		-						\bot					
	· · · · · · · · · · · · · · · · · · ·				_			+					
2	Total number of independent contractors (incompre than \$100,000 of compensation from the	-			tho	se l	isted	abo	ove) who receive	ed			

Form 990 (2013) Zero Breast Cancer

Part VIII Statement of Revenue

r al	Vill	Check if Schedule O contains a response or	note to any line i	in this Part VIII			🗀
•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S S	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					Į.
s, G	C	Fundraising events 1c	75,785				
Guft llar	d	Related organizations 1d		1			
Sim.	е	Government grants (contributions) 1e	27,263				
utio	f	All other contributions, gifts, grants, and			1		
art o		similar amounts not included above 11	234,517				
a Co	9	Noncash contributions included in lines 1a-1f: \$	14,674 •	007.505			
	<u>h</u>	Total. Add lines 1a-1f	Business Code	337,565			
Program Service Revenue	20	Contracts	900099	127 040	127 040		1
eve	2a b	Contracts Program fees	900099	137,940 10,200	137,940 10,200		
e e		Program fees Speaking Fees & Honoraria	900099	1,000	1,000	 	
Š	c d		900099	1,000	1,000		
n Se	u _						
gran	f	All other program service revenue			-		
Pro		Total. Add lines 2a–2f	•	149,140			
	3	Investment income (including dividends, interes	t, and			· · · · · ·	
		other similar amounts)	1	253			253
	4	Income from investment of tax-exempt bond pro	oceeds▶				
	5	Royalties	<u>.</u> ▶				
		(ı) Real	(II) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)	<u></u>				
	d	Net rental income or (loss)	▶				
	7a		(ii) Other				1
		assets other than inventory .					
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)	L				
	d	Net gain or (loss)	· >				ļ
4	_						
ğ	8a	3					
\ V		events (not including \$ 75,785					
Other Revenue		of contributions reported on line 1c).	10.475				
Jer		See Part IV, line 18	18,175				
₹	ı	Less. direct expenses b Net income or (loss) from fundraising events	15,724	2.451			2.451
		Gross income from gaming activities.		2,451			2,451
	Ju	See Part IV, line 19 a	7,100				
	h	Less. direct expenses b	7,100	l			,
		Net income or (loss) from gaming activities	•	7,100			7,100
		Gross sales of inventory, less		7,100		·	7,100
		returns and allowances a	48				
	Ь	Less: cost of goods sold b	601				
		Net income or (loss) from sales of inventory		-553	-553		
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue			-		
	e	Total. Add lines 11a-11d	. •				
	12	Total revenue. See instructions		495.956	148.587		9.804

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. . . (C) (D) Do not include amounts reported on lines 6b, Total expenses Management and Fundraising Program service 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 2 Grants and other assistance to individuals in the United States See Part IV, line 22 . . . Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16. Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 68,681 54,047 11,693 2,941 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 145,955 7 Other salaries and wages. 88,540 34,131 23,284 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). Other employee benefits 9 4,455 241 4.179 35 12.835 3,906 10 Pavroll taxes . 18,793 2,052 Fees for services (non-employees): 11 b Legal. 53,701 53,701 Accounting. С Lobbying . . d Professional fundraising services. See Part IV, line 17. 15,405 15,405 е f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 23,314 20,796 835 1,683 12 Advertising and promotion . 3,593 1,550 2,043 Office expenses 30.721 21,377 4.574 13 4,770 14 Information technology. 15 Royalties 16 Occupancy. 30,258 19,935 6,344 3,979 17 11,890 10,563 1,124 203 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 254 233 21 19 20 118 118 21 Payments to affiliates . . . 22 1,205 338 108 Depreciation, depletion, and amortization . . . 759 23 3,476 1,144 2,107 225 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 Event expenses 31,109 31,073 36 Fees & Permits 5,655 3,500 1,528 627 c Program supplies 5,240 4,409 32 799 Volunteer recognition 1,109 138 111 860 All other expenses Training & hiring 56 56 Total functional expenses. Add lines 1 through 24e. 454,988 268,007 127,009 59,972 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720).

Form 990 (2013) Zero Breast Cancer Part X. Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	<u></u>		<u> . </u>
		В	(A) eginning of year		(B) End of year
	1	Cash—non-interest-bearing	339,673	1	341,530
	2	Savings and temporary cash investments	183,906	2	201,401
	3	Pledges and grants receivable, net	44,029	3	69,345
	4	Accounts receivable, net	1,978	4	0
S:	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	}	Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			Ę [
		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		en	
Assets		organizations (see instructions) Complete Part II of Schedule L		_6	
\ss	7	Notes and loans receivable, net		7	
•	8	Inventories for sale or use	752	8	570
	9	Prepaid expenses and deferred charges	9,680	9	9,067
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 9,823			
	b	Less: accumulated depreciation	2,597		1,391
	11	Investments—publicly traded securities .		11	
	12	Investments—other securities See Part IV, line 11		12	
	13 14	Investments—program-related See Part IV, line 11.		13 14	
	15	Intangible assets		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	582,615		623,304
	17	Accounts payable and accrued expenses	15.841	17	15,562
	18	Grants payable	15,641	18	13,362
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	-
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Ē		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties .		23	
	24	Unsecured notes and loans payable to unrelated third parties	_	24	
	25	Other liabilities (including federal income tax, payables to related third			
	1	parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	15,841	26	15,562
es		Organizations that follow SFAS 117 (ASC 958), check here ➤ X and complete lines 27 through 29, and lines 33 and 34.			
ang.	27	Unrestricted net assets	466,733	27	483,352
3al	28	Temporarily restricted net assets	100,041	28	124,390
Ā	29	Permanently restricted net assets		29	124,030
Ë					
s or F		Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34.			-
Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	- "-
ASS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net /	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	566,774		607,742
	34	Total liabilities and net assets/fund balances	582,615	34	623,304

orm 9	90 (2013) Zero Breast Cancer	<u>68-03</u> 8	6016	Pa	ge 12
Part	XI, Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		495	 5,956
2	· · · · · · · · · · · · · · · · · · ·	2			1,988
3	Revenue less expenses Subtract line 2 from line 1	3			,968
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			5,774
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
		10		607	7,742
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
		·		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		У a	* 3	31 a
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			200	, ,
	Schedule O.			,	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		, , [٠,	
	reviewed on a separate basis, consolidated basis, or both				
	X Separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	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 Doth consolidated and separate basis				1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	of		,	
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?.	"	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in		20	^	
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			-	ات سه
	the Single Audit Act and OMB Circular A-133?		3a		Х
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		3b		
	g			990	(2013)
					· · -/

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► 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.

Inspection Employer identification number

	e of the organization Employer identification number												
		ast Cancer	far Dublia Ob				1 . 1				386016		
Par				arity Status (All orgation because it is. (Fo						struction	18.		
1	Olyai			rches, or association () _			
2	П			on 170(b)(1)(A)(ii). (Ai					·-/(-/(-/(·	,.			
3	П			nospital service organi		•	section	170(b)(1)	(A)(iii).				
4	Ħ			ation operated in conju						(b)(1)(A)	(iii). En	ter the	
			ime, city, and sta		. 								
5				the benefit of a collection (Complete Part II.)	ge or univ	ersity owi	ned or op	erated by	a governi	mental ur	nit desc	rıbed	
6		A federal, sta	ate, or local gov	ernment or governme	ntal unit d	lescribed	ın sectioi	170(b)(1)(A)(v).				
7	X			y receives a substanti (1)(A)(vi). (Complete i		its suppo	rt from a ç	governme	ntal unit o	r from th	e genei	al pub	lic
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9				y receives: (1) more th									
				ed to its exempt function									S
				ent income and unrelated after June 30, 1975.						ax) trom	busines	sses	
10	\Box		_	nd operated exclusive		•		•	•	4)			
11	Ħ			nd operated exclusive	-	•	•			•	rv out ti	ne	
	ш			olicly supported organ									on
		509(a)(3). C	heck the box tha	at describes the type o	of support	ıng organi	ization an	d comple	te lines 11	le throug	h 11h		
	_	a Type	I b T	ype II 🔃 Type	e III–Func	tionally in	tegrated	d 🔲 T	ype III–No	on-functio	onally ir	tegrate	∍d
е				y that the organization									
				on managers and othe	er than on	e or more	publicly	supported	lorganıza	tions des	cribed	n secti	.on
f			section 509(a)(2	•	a from the	IDC that	et io o Tur	a L Tuna	II or Tuo	مريم الل			
•			, check this box	a written determination	i irom tne	HS mai	it is a ryp	ет, туре	ii, or Typ	e III supp	orting		
g		_	•	the organization acce	pted any	gift or con	tribution t	from any	of the		• •	•	_
		following per	rsons?	-		_		·					
				or indirectly controls,				persons of	described	in (II)		Yes	No
				erning body of the su person described in (i						•	11g(ı)		
				y of a person describe							11g(II) 11g(III)		
<u>h</u>		Provide the t	following informa	ation about the suppoi		` '							
(i)		e of supported anization	(II) EIN		(iv) Is the d			ou notify	(vi)		(vii) An	nount of mo	onetary
	org	anzation		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your	organizat (i) organi:			support	
				(see instructions))	Vac	l No		port?	U \$		-		
(A)				· · · · · · · · · · · · · · · · · · ·	Yes	No	Yes	No	Yes	No	<u> </u>		
					<u></u>								
(B)													
<u>(C)</u>		<u>.</u>			<u> </u>						ļ		
(C)]							
(D)													
(E)												-	
Tota	 I												

Schedule A (F	orm 990 or 990-EZ) 2013 Zero Breast Ca	ncer				68-038601	6 r
Part II	Support Schedule for Organizat (Complete only if you checked the Part III. If the organization fails to o	box on line 5	, 7, or 8 of Pa	art I or if the o	rganization fa	iled to qualify	
Section A	Public Support	quality under	iile iesis iisie	u below, piea	se complete r	ait III.)	
Calendar y	ear (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) To
	grants, contributions, and bership fees received (Do not						

Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and			-			
	membership fees received (Do not						
	include any "unusual grants.")	356,537	288,088	429,678	344,456	337,565	1,756,324
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	ıts behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	356,537	288,088	429,678	344,456	337,565	1,756,324
5	The portion of total contributions by each			•			
	person (other than a governmental unit						
	or publicly supported organization)					ł	
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,		:				
	column (f)						50,535
_6	Public support. Subtract line 5 from line 4.						1,705,789
	ion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕒	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	356,537	288,088	429,678	344,456	337,565	1,756,324
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	2,327	2,716	665	503	253	6,464
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets				İ		
	(Explain in Part IV)	2,635		1,351			3,986
11	Total support. Add lines 7 through 10.						1,766,774
12	Gross receipts from related activities, etc. (s			•	[12	926,265
13	First five years. If the Form 990 is for the oil	rganızatıon's fır	st, second, thir	d, fourth, or fift	h tax year as a	section 501(c)(3)
	organization, check this box and stop here						▶
Sect	ion C. Computation of Public Support	Percentage					
14	Public support percentage for 2013 (line 6, c	column (f) dıvıd	ed by line 11, o	column (f)) .		14	96.55%
15	Public support percentage from 2012 Sched	lule A, Part II, Ii	ne 14		[15	96.02%
16a	33 1/3% support test—2013. If the organization	ation did not ch	eck the box on	line 13, and lin	ne 14 is 33 1/3	% or more, che	eck this box
	and stop here. The organization qualifies as	s a publicly sup	ported organiz	ation			▶ X
b	33 1/3% support test-2012. If the organization						
	box and stop here. The organization qualified	es as a publicly	supported org	anızation			▶
17a	10%-facts-and-circumstances test—2013	. If the organiza	ation did not ch	eck a box on li	ne 13 16a or	16b and line 1	4
	is 10% or more, and if the organization mee						
	Part IV how the organization meets the "fact						
	organization						, ied
b	10%-facts-and-circumstances test—2012	. If the organiza	ation did not ch	eck a box on li	 ne 13 16a 16	 b. or 17a. and :	▶∟ line
_	15 is 10% or more, and if the organization m						
	Part IV how the organization meets the "fact	s-and-circumet	ances" test. Th	ne organization	ranalifies as a	nublick	-vhiain III
	supported organization			.o organization	qualifico ao a	pasiiciy	
18	Private foundation. If the organization did r						· · · •
	instructions			a, 100, 17a, 0r	170, check thi	s box and see	. —
							. I

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.)

C	tion A Public Support	ider the tests	iisted below,	please comp	nete Part II.)		
	tion A. Public Support	(a) 0000	(b) 0040	(0) 0044	(4) 0040	(2) 0010	(6) T-1-1
cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support			,	,		
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .						
С 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop here		nd, third, fourth,			(c)(3)	. ▶ □
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2013 (line 8, column		e 13, column (f))		15	
16	Public support percentage from 2012 Schedule A,	• •				16	
Sec	tion D. Computation of Investment Inco					•	
17	Investment income percentage for 2013 (line 10c, o			umn (f))		17	
18	Investment income percentage from 2012 Schedule		-			18	
19a	33 1/3% support tests—2013. If the organization of	did not check the	box on line 14,	and line 15 is m	ore than 33 1/3%	6, and line 17 is	
	not more than 33 1/3%, check this box and stop he	ere. The organiz	ation qualifies a	s a publicly supp	orted organization	on	▶ 🗀
b	33 1/3% support tests—2012. If the organization of						r
	line 18 is not more than 33 1/3%, check this box an		-		• • •	-	▶ 🖳
20	Private foundation. If the organization did not che	ck a box on line	14, 19a, or 19b,	check this box a	and see instruction	ons .	. ▶

	m 990 or 990-EZ) 2013	Zero Breast Cancer			<u>68-0386016</u>	Page 4
Part IV	Supplemental	Information. Provide	le the explanation	s required by Part II	, line 10; Part II, line 17a	a or 17b;
	and Part III, line	e 12 Also complete	this part for any a	dditional information	n. (See instructions).	
					· · · · · · · · · · · · · · · · · · ·	
		• • • • • • • • • • • • • • • • • • • •				
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		• • • • • • • • • • • • • • • • • • • •				
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SCHEDULE D (Form 990)

Supplemental Financial Statements

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

Open to Public Inspection

OMB No 1545-0047

2013

	Zero Breast Cancer 68-0386016							
Par		nds or Accounts.						
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.							
	(a) Donor advised funds	(b) Funds and other accounts						
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 and donor advisors in writing that the assets held i							
	funds are the organization's property, subject to the organization's exclusive legal contro							
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant							
	used only for charitable purposes and not for the benefit of the donor or donor advisor, o							
	purpose conferring impermissible private benefit?	Yes . No						
Par								
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.							
1	Purpose(s) of conservation easements held by the organization (check all that apply).	-						
	Preservation of land for public use (e.g., recreation or education)	f an historically important land area						
	Protection of natural habitat	f a certified historic structure						
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	on in the form of a concentration						
_	easement on the last day of the tax year.	Held at the End of the Tax Year						
а	Total number of conservation easements	2a						
b	Total acreage restricted by conservation easements							
c	Number of conservation easements on a certified historic structure included in (a)	2c						
ď	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	20						
_	historic structure listed in the National Register	2d						
3	Number of conservation easements modified, transferred, released, extinguished, or terr							
•	during the tax year	Timated by the organization						
4	Number of states where property subject to conservation easement is located							
5	Does the organization have a written policy regarding the periodic monitoring, inspection	handling of						
_	violations, and enforcement of the conservation easements it holds?							
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation							
_	•	casements daming the year						
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ease	ments during the year						
	▶ \$	mionio dannig the year						
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	of section						
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports conservation easements in its revenue							
	balance sheet, and include, if applicable, the text of the footnote to the organization's final	ancial statements that describes						
	the organization's accounting for conservation easements	arrolar olatorriorito triat docoribos						
Par		Other Similar Assets.						
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.							
12	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its r	roughly statement and balance sheet						
14	works of art, historical treasures, or other similar assets held for public exhibition, educat							
	of public service, provide, in Part XIII, the text of the footnote to its financial statements the							
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reve							
J	works of art, historical traceures, or other similar secrets hold for mubic subjections and secrets	nue statement and balance sneet						
	works of art, historical treasures, or other similar assets held for public exhibition, educat	tion, or research in turtherance						
	of public service, provide the following amounts relating to these items:	▶ ♠						
	(i) Revenues included in Form 990, Part VIII, line 1	· · · · 5						
2	(ii) Assets included in Form 990, Part X							
2	If the organization received or held works of art, historical treasures, or other similar asset							
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these it							
a	Revenues included in Form 990, Part VIII, line 1							
<u>b</u>	Assets included in Form 990, Part X	<u> ▶</u> \$						

Sched	ule D (Form 990) 2013 Zero Breast Cancer							68-038	6016		Page 2
Par	Organizations Maintaining Colle	ctions of Ar	t, Hist	orical	Trea	sures, or (Other S	Similar Assets	(contin		
3	Using the organization's acquisition, access use of its collection items (check all that app		r recor	ds, ch	eck a	ny of the follo	owing tl	nat are a signific	ant		
а	Public exhibition	,,.	d [7 i	oan d	or exchange	prograi	ns			
b	Scholarly research		e F	_	Other	or oronango	p.og.u.				
c	Preservation for future generations		£ [_	_ `	Julei						
4	Provide a description of the organization's c	allostions and	d ovala	in hou	, tha.,	further the a	:			_	
	Part XIII								urpose ii	11	
5 	During the year, did the organization solicit assets to be sold to raise funds rather than								Y	es 🗌] No
Part	Complete if the organization answ 990, Part X, line 21		o Forn	n 990 ,	Part	: IV, line 9,	or repo	rted an amoun	it on Fo	orm	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?							assets not		es 🗌	No
b	If "Yes," explain the arrangement in Part XII	I and complet	te the fo	ollowir	ig tab	le:			.	 -	
С	Beginning balance						10		Amount		
d	Additions during the year	· · · ·		•			10				
e	Distributions during the year						1e	- 			
f	Ending balance						1f				
2a	Did the organization include an amount on F	Form 990. Pa	rt X. lın	e 21?			_			es X	No
b	If "Yes," explain the arrangement in Part XII				ation				_		
Part						пас всем р.	o mada		<u> </u>	<u> </u>	<u>. </u>
	Complete if the organization answ	ered "Yes" to	o Forn	n 990.	Part	IV. line 10					
		Current year		Prior yea		(c) Two years		(d) Three years back	(e) Fo	our years	back
1a	Beginning of year balance							····			
b	Contributions										
С	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships					_			ļ <u> </u>		
е	Other expenditures for facilities										
	and programs								<u>.</u>		
T	Administrative expenses						-				
9 2	End of year balance	root voor ond	l balan	(lun			hald as				
a	Provide the estimated percentage of the cui Board designated or quasi-endowment	rent year end	, palaii %	ce (iine	e ig,	column (a))	neiu as.				
b	Permanent endowment	%	/0								
c	Temporarily restricted endowment	<u>/</u> 9									
	The percentages in lines 2a, 2b, and 2c sho		0%.								
3a	Are there endowment funds not in the posse			ation 1	hat a	re held and	adminis	tered 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 organization								_3b		İ
4	Describe in Part XIII the intended uses of the		n's end	owme	nt fun	ids.					
Part					_		_				
	Complete if the organization answ	1		<u>1 990,</u>					t X, line	<u>10.</u>	
	Description of property	(a) Cost or oth (investme				st or other s (other)	ď	Accumulated epreciation	(d) B	ook valu	e
1a	Land							S - 11 4			
b	Buildings			<u> </u>	-						
C	Leasehold improvements				_						
d	Equipment			-	_	9,823		8,432	~		1,391
<u>e</u>	Other	anual France	00.5	<u> </u>	_1	· (D) 1 = 1=	(2))				
Tota	. Add lines 1a through 1e. (Column (d) must	equai ⊢orm 9	эυ, Ра	$\pi X, cc$	olumn	(B), line 10	(C)) .	<u> > </u>			1,391

1,391

(1) Financial de (2) Closely-hel	Complete if the organization a lescription of security or category (including name of security) erivatives	(b) Book value	(c) Method of va	luation
(1) Financial de (2) Closely-hel	 	(5) 255 1455	01	
(2) Closely-hel	orwatwoc	 	Cost or end-of-year r	narket value
		0		
(3) Other		0		
				
	·			
(H)				
Part VIII	ust equal Form 990, Part X, col (B) line 12) Investments—Program Rela	ptod	L	
Part VIII	Complete if the organization a		O Part IV line 11c See Form	000 Part V line 12
			(c) Method of va	
((a) Description of investment	(b) Book value	Cost or end-of-year r	
_(1)				
(2)				
(3)		_		
(4)				
(5)		<u> </u>		
(6)				
(7) (8)				
(9)				
	ust equal Form 990 Part X, col (B) line 13)	>		-
Part IX	Other Assets.			
	Complete if the organization a	answered "Yes" to Form 990	0, Part IV, line 11d. See Forn	990, Part X, line 15.
		(a) Description		(b) Book value
(1)				
(2)				
(4)				
(4) (5)				
(6)				
(7)				
(8)			-	
(9)				
	n (b) must equal Form 990, Part X	(, col. (B) line 15)	<u> </u>	
Part X	Other Liabilities.			_
	Complete if the organization a	answered "Yes" to Form 990	0, Part IV, line 11e or 11f. Se	e Form 990, Part X,
	line 25.	(b) Book votes	T -	
1. (1) Federal ır	(a) Description of liability	(b) Book value	1	
(2)	icome taxes	0		
(3)				
(4)			1	
(5)]	
(6)				
(7)				
(8)				
(9)				
Total. (Co!umn (b) mus	nst equal Form 990, Part X, col (B) line 25) ncertain tax positions. In Part XIII, pro	<u> </u>		4

Part				
	Complete if the organization answered "Yes" to Form 990, Par	rt IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	}	, 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u> </u>	
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Par			s per Return	
	Complete if the organization answered "Yes" to Form 990, Par			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)			
е	Add lines 2a through 2d		2e	
	Subtract line 2e from line 1		3	
3	Amounts included on Form 990, Part IX, line 25, but not on line 1.			
4		1 . 1	1 3	
4 a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
4 a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b		
4 a b c	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b		
4 a b c	Investment expenses not included on Form 990, Part VIII, line 7bOther (Describe in Part XIII.)	4b		
4 a b c 5	Investment expenses not included on Form 990, Part VIII, line 7bOther (Describe in Part XIII.)Add lines 4a and 4b	4b	5	Dad V Iva
4 a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	3)	2b; Part V, line 4;	Part X, line
4 a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7bOther (Describe in Part XIII.)Add lines 4a and 4b	3)	2b; Part V, line 4;	Part X, line
4 a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	; Part IV, lines 1b and provide any additional	2b; Part V, line 4; information	Part X, line
4 a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	; Part IV, lines 1b and provide any additional	2b; Part V, line 4; information	Part X, line
4 a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	; Part IV, lines 1b and provide any additional	2b; Part V, line 4; information	Part X, line
4 a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	; Part IV, lines 1b and provide any additional	2b; Part V, line 4; information	Part X, line
4 a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	; Part IV, lines 1b and provide any additional	2b; Part V, line 4; information	Part X, line
4 a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	; Part IV, lines 1b and provide any additional	2b; Part V, line 4; information	Part X, line
4 a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	; Part IV, lines 1b and provide any additional	2b; Part V, line 4; information	Part X, line
4 a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	; Part IV, lines 1b and provide any additional	2b; Part V, line 4; information	Part X, line
4 a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	; Part IV, lines 1b and provide any additional	2b; Part V, line 4; information	Part X, line
4 a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	; Part IV, lines 1b and provide any additional	2b; Part V, line 4; information	Part X, line
4 a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	; Part IV, lines 1b and provide any additional	2b; Part V, line 4; information	Part X, line
4 a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	; Part IV, lines 1b and provide any additional	2b; Part V, line 4; information	Part X, line
4 a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	; Part IV, lines 1b and provide any additional	2b; Part V, line 4; information	Part X, line
4 a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	; Part IV, lines 1b and provide any additional	2b; Part V, line 4; information	Part X, line
4 a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	; Part IV, lines 1b and provide any additional	2b; Part V, line 4; information	Part X, line
4 a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	; Part IV, lines 1b and provide any additional	2b; Part V, line 4; information	Part X, line
4 a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	; Part IV, lines 1b and provide any additional	2b; Part V, line 4; information	Part X, line
4 a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	; Part IV, lines 1b and provide any additional	2b; Part V, line 4; information	Part X, line
4 a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	; Part IV, lines 1b and provide any additional	2b; Part V, line 4; information	Part X, line
4 a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	; Part IV, lines 1b and provide any additional	2b; Part V, line 4; information	Part X, line
4 a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	; Part IV, lines 1b and provide any additional	2b; Part V, line 4; information	Part X, line
4 a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	; Part IV, lines 1b and provide any additional	2b; Part V, line 4; information	Part X, line
4 a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	; Part IV, lines 1b and provide any additional	2b; Part V, line 4; information	Part X, line

Schedule D (Form	990) 2013	Zero Breast Ca	ncer				68-0386016	Page 5
Part XIII	Supple	emental Informa	ation (continue	d)				
			-					
	- 							
							•••••	
								
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					· · · · · · · · · · · · · · · · · · ·			
								
								
								
								
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs.gov/form990.

Inspection Employer identification number

Zero	Breast Cancer	······				68-038			
Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
1	Indicate whether the organization raised funds through any of the following activities. Check all that apply								
a									
b	X Internet and email solicitations X Phone solicitations		==		•	is .			
C C	S C speciments of the contract								
a 2a									
Za	Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes No								
b	If "Yes," list the ten highest paid in								
	to be compensated at least \$5,000			, ,	J				
		1		· · ·					
			(IV) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization				
			Yes	No					
_	annah Doress	Dipsea Event		X	85,285	15,405	69,880		
2					o	o	0		
3									
4			-		0	0	0		
5				-	. 0	0	0		
						0	0		
6					o	0	0		
7					0	0	0		
8					0	0			
9	* *			1			0		
10					0	0	0		
					0	0	0		
Total					85,285	15,405			
3	List all states in which the organizate registration or licensing.	ation is registere	d or licens	sed to solici	it contributions or hi	as been notified it	is exempt from		
Califo	• • • • • • • • • • • • • • • • • • • •								
	• • • • • • • • • • • • • • • • • • • •								

Part Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or rep						
		more than \$15,000 of 1			ome on Form 990-EZ	, lines 1 and 6b. List
•		events with gross rece				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Dipsea hike (event type)	Race for Research (event type)	NONE (total number)	(add col (a) through col (c))
ne			(event type)	(CVCIII 1990)	(total number)	
Revenue	1	Gross receipts	85,285	8,675	· · · · · · · · · · · · · · · · · · ·	93,960
Re	2	Less. Contributions	75,345	440		75,785
_	3	Gross income (line 1 minus line 2)	9,940	8,235		18,175
	4	Cash prizes				
S	5	Noncash prizes	6,400	440		6,840
ense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	4,862	240		5,102
Öİ	8	Entertainment				
	9	Other direct expenses .	1,867	1,915		3,782
	10 11	Direct expense summary. Ad Net income summary. Subtra	ct line 10 from line 3, co	lumn (d)		(15,724) 2,451
Pa	rt III		_	ered "Yes" to Form 990), Part IV, line 19, or re	eported more
une -		than \$15,000 on Form	(a) Bingo (b) Pull tabs/instant bingo/progressive bingo		(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	_					
<u> </u>	1_	Gross revenue .				
nses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5_	Other direct expenses .				
	6	Volunteer labor	Yes %	Yes % No	Yes %	
	7	Direct expense summary. Ad	d lines 2 through 5 in co	lumn (d)	•	
	8_	Net gaming income summary	y. Subtract line 7 from lin	e 1, column (d)	<u></u> .	
ç	· r=	ntor the state(s) is which the e	rachization operates acr	nuna actuation:		
Š	a Is	nter the state(s) in which the o the organization licensed to o "No," explain:	perate gaming activities	in each of these states?		. Yes No
		•••••				
10		/ere any of the organization's of "Yes," explain.				
						_

Scheal	ule G (Form 990 or 990-EZ) 2013 Zero Breast Cancer	<u>68-</u>	<u>03860</u>	16	Page 3
11	Does the organization operate gaming activities with nonmembers?		Ye	s	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	.	Ye	es 🗀	No
13	Indicate the percentage of gaming activity operated in.	į			-
а		13a			
b		13b			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	;			
	Name ▶	· •		· 	
	Address >	- -		·	
15a	Does the organization have a contract with a third party from whom the organization receives gaming	,			_
	revenue?	.	Ye	es	No
D	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$				
С	If "Yes," enter name and address of the third party:				
	Name ▶				
	Address ►				
16	Gaming manager information:				
	Name ▶	. 		. 	
	Gaming manager compensation > \$				
	Description of services provided	. 	-		-
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	1		_	,
b	retain the state gaming license?	. [Ye	s	No
Part	or spent in the organization's own exempt activities during the tax year \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	/:::\ <u>-</u>	(\		
rarı	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide the supplicable of the supplicable of the supplicable of the supplicable.			, and	
	additional information (see instructions).	Ovide	any		
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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



Department of the Treasury Internal Revenue Service Name of the organization Zero Breast Cancer

Employer identification number

Zero Breast Cancer	68-0386016
Form 990, Part VI, Section B, Line 11b:	
The form 990 is presented in its entirety first to the Finance Committee and then to the full Boar	rd. Each member of the Board
of Directors will receive a copy of the Form 990 prior to the board meeting and have an opportu	nity to comment/clarify any
questions. The pre-filed 990 will be approved by a vote at the board meeting and subsequently	submitted to the Internal
Revenue Service	
Form 990, Part VI, Section B, Line 12c:	
The organization enforces and monitors its conflict of interest policy by requiring that each men	nber of the Board of Directors
sign an annual statement that affirms such director has received a copy of the policy, has read	and understands the policy,
and has agreed to comply with the policy. In addition, if the board of directors has reasonable	cause to believe a member
has failed to disclose actual or possible conflicts of interest, it will inform the member of the bas	sis for such a belief and afford
the member an opportunity to explain the alleged failure to disclose. After hearing the member	's response and making
further investigation, if the remaining board of directors determines the member has failed to di	sclose an actual or possible
conflict of interest, it will take appropriate disciplinary and corrective action.	
······	
Form 990, Part VI, Section B, Line 15a:	
The Executive Committee provides oversight and quidance to, and evaluates the performance	of, the Executive Director
and makes recommendations to the Board regarding compensation Executive Committee me	mbers will perform a thorough
review to determine suitable compensation and what kinds of benefits will be provided. The pr	ocess for determining the
components of a compensation package may include the following: a. A review of compensation	on surveys b. Reference
to written employment contract c. A review of 990's of similar organizations. The Executive Co	mmittee shall retain
documentation of the deliberation and final compensation decision and such documentation wi	Il be contained in both the
minutes of the Board of Directors as well as the Executive Director's personnel file.	

Schedule O (Form 990 or 990-E2) (2013)	Page Z
Name of the organization Zero Breast Cancer	Employer identification number 68-0386016
Zelo Breast Gancer	08-0360010
Form 990, Section B, Line 15b:	
The Personnel Committee oversees the interviewing of new hires and makes recommendati	ons to the Board
regarding salary based on current industry standards.	
regarding salary based on current industry standards.	
	•••••••••••••••••••••••••
Form 990, Part VI, Section C, Line 19:	
Zero Breast Cancer makes available to the public, upon request, the governing documents,	conflict of interest policy.
_	
and financial statements.	
	•••••
	••••••••••••••••••••••••••••••••••••
	•••••

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

 If you are filing for an Automatic 3-Month Extension If you are filing for an Additional (Not Automatic) Do not complete Part II unless you have already been approximately to the complete of the complete in the comp	3-Month E	Extension, complete only Part II (on page 2 of			▶ X 8868.
Electronic filing (e-file). You can electronically file Forma corporation required to file Form 990-T), or an additional section of time to file any of the file Return for Transfers Associated With Certain Personal instructions). For more details on the electronic filing of	onal (not a forms liste I Benefit C	utomatic) 3-month extension of time d in Part I or Part II with the exception contracts, which must be sent to the	e. You can el on of Form 8 IRS in pape	ectro 870, r form	nically Informa nat (see	file Form ation
Part I Automatic 3-Month Extension of T	ime. Onl	y submit original (no copies need	ded).			
A corporation required to file Form 990-T and requesting Part I only	ng an auto	omatic 6-month extension—check th	nis box and c			▶ □
			identifying n			
Type or Name of exempt organization or other filer, see	e instruction		Employer ident	ıficatıo	n number	(EIN) or
print Zero Breast Cancer			<u>68-0386016</u>			
File by the due date for 4240 Rodwood Highway, Suite C400	box, see ir	nstructions	Social securi	ty nun	nber (SS	śN)
filing your City, town or post office, state, and ZIR code. If	Eor o forcial	n address assumetrications				
return See Instructions San Rafael, CA 94903	or a loreign	n address, see instructions.				
Instituctions Sail Halael, CA 94905	<u> </u>	·				
Enter the Return code for the return that this application	on is for (fil	e a separate application for each re	eturn)			01_
Application	Return	Application				Return
Is For	Code	Is For				Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)		-		07
Form 990-BL	02	Form 1041-A				08
Form 4720 (individual)	03	Form 4720 (other than individual)				09
Form 990-PF	04	Form 5227				10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-T (trust other than above)	06	Form 8870				12
Its with the names and EINs of all members the extension of the extension	s four digit If it is for p sion is for, corporatio exempt or	t Group Exemption Number (GEN) part of the group, check this box. In required to file Form 990-T) exter ganization return for the organization	sion of time	. ▶[and	. Dining is in the control of the co
▶ tax year beginning		, and ending	<u></u>	 -	-	. ·
If the tax year entered in line 1 is for less than 1: Change in accounting period	2 months,	check reason. Initial return	Final	returr	n 	
3a If this application is for Forms 990-BL, 990-PF, 9	990-T, 472	20, or 6069, enter the tentative tax,	less any			
nonrefundable credits See instructions.		· · · · · · · · · · · · · · · · · · ·		3a	\$	0
b If this application is for Forms 990-PF, 990-T, 47		•	d [
estimated tax payments made. Include any prior			— <u>.</u> —.l	<u>3b</u>	\$	0
c Balance due. Subtract line 3b from line 3a. Incl		•	y using		•	_
EFTPS (Electronic Federal Tax Payment System			150.50	3c		<u>, 0</u>
Caution. If you are going to make an electronic funds withdra	awai (direct	debit) with this Form 8868, see Form 84	453-EU and Fo	orm 88	3/9-EO	ior

Form 8868 (Rev 1-20	

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Page	

	y complete Part II if you have already been are filing for an Automatic 3-Month Extens	-		a previously fi	iled Fo	orm 886	68
Part II	Additional (Not Automatic) 3-Month			al (no copies i	neede	ed)	
				er's identifying			
Type or				ition nun	nber (EIN	1) or	
print							
	Number, street, and room or suite no. If a P.O. box, see instructions Social security		number	(SSN)			
File by the due date for	4340 Redwood Highway, Suite C400						
filing your return. See instructions	City, town or post office, state, and ZIP code San Rafael, CA 94903	For a foreig	n address, see instructions				
Enter the	Return code for the return that this application	on is for (fi	le a separate application for each	n return)			01
Applicat	ion	Return	Application				Return
ls For		Code	Is For				Code
Form 990	0 or Form 990-EZ	01	The same as			,	
Form 990	·	02	Form 1041-A				08
	20 (ındıvıdual)	03	Form 4720 (other than individua	al)			09
Form 99		04	Form 5227				10
	0-T (sec 401(a) or 408(a) trust)	05	Form 6069				11
	0-T (trust other than above)	06	Form 8870				12
	organization does not have an office or plac			ıs box		•	▶ 🗌
If this for the whist with the standard of the with the standard of the stand	is for a Group Return, enter the organization	n's four diging if it is for insion is for me untileginning the months,	ss in the United States, check thit Group Exemption Number (GEI part of the group, check this box 11/15/2014 , check reason: Initial reti	is box	. ▶	an an	this is d attach a
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