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Form 990
Department of the Treasury
Internal Revenue ServiceReturn of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

0805

OMB No 1545-0047

2007

Open to Public Inspection

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

2007

B Check if applicable
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.	C Name of organization PARTNERS FOR BREAST CANCER CARE, INC	D Employer identification number 65-0290568
	Number and street (or P O box if mail is not delivered to street address) 9470 HEALTHPARK CIRCLE	Room/suite
	City or town, state or country, and ZIP + 4 FORT MYERS FL 33908	
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

G Website: WWW.PFBCC.ORG

J Organization type

(check only one) ► 501(c) (03) (insert no) 4947(a)(1) or 527K Check here ► if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete returnL Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► **349,559**

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

1 Contributions, gifts, grants, and similar amounts received	1a	
a Contributions to donor advised funds	1b	40,941
b Direct public support (not included on line 1a)	1c	288,833
c Indirect public support (not included on line 1a)	1d	
e Total (add lines 1a through 1d) (cash \$ 329,774 noncash \$ _____)	1e	329,774
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	
3 Membership dues and assessments	3	
4 Interest on savings and temporary cash investments	4	15,900
5 Dividends and interest from securities	5	
6a Gross rents	6a	
b Less rental expenses	6b	
c Net rental income or (loss) Subtract line 6b from line 6a	6c	
7 Other investment income (describe)	7	
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
b Less cost or other basis and sales expenses	8a	
c Gain or (loss) (attach schedule)	8b	
d Net gain or (loss) Combine line 8c, columns (A) and (B)	8c	
9 Special events and activities (attach schedule). If any amount is from gaming, check here ► <input type="checkbox"/>	8d	
a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a	3,675
b Less direct expenses other than fundraising expenses	9b	
c Net income or (loss) from special events Subtract line 9b from line 9a	9c	3,675
10a Gross sales of inventory, less returns and allowances	10a	
b Less cost of goods sold	10b	
c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c	
11 Other revenue (from Part VII, line 103)	11	210
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	349,559
13 Program services (from line 44, column (B))	13	241,940
14 Management and general (from line 44, column (C))	14	15,376
15 Fundraising (from line 44, column (D))	15	1,044
16 Payments to affiliates (attach schedule)	16	
17 Total expenses. Add lines 16 and 44, column (A)	17	258,360
18 Excess or (deficit) for the year Subtract line 17 from line 12	18	91,199
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	387,213
20 Other changes in net assets or fund balances (attach explanation)	20	165
21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	21	478,577

SEE STATEMENT 1

01/2010

Part II Statement of Functional Expenses	All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 497(a)(1) nonexempt charitable trusts but optional for others (See the instructions)			
	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
• Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.				
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23	135,680	135,680	
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A SEE STATEMENT 3	25a	43,000	43,000	
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	28,684	23,666	5,018
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28	16,199	16,199	
29 Payroll taxes	29	5,506	3,987	1,519
30 Professional fundraising fees	30			
31 Accounting fees	31	10,709	7,496	3,213
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36	3,255	3,255	
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39	803	803	
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42	774	0	774
43 Other expenses not covered above (itemize): a SEE STATEMENT 4	43a	13,750	7,854	4,852
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	258,360	241,940	15,376
				1,044

Joint Costs. Check ► if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

► Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

► **SEE STATEMENT 5**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a INCREASED THE PROPORTION OF WOMEN AGES 40 OR OLDER RECEIVING BREAST SCREENING AT RECOMMENDED INTERVALS, PARTICULARLY MINORITY WOMEN, INCLUDING AFRICAN-AMERICAN AND HISPANICS.

(Grants and allocations \$

)

If this amount includes foreign grants, check here ►

241,940

b

(Grants and allocations \$

)

If this amount includes foreign grants, check here ►

□

c

(Grants and allocations \$

)

If this amount includes foreign grants, check here ►

□

d

(Grants and allocations \$

)

If this amount includes foreign grants, check here ►

□

e Other program services (attach schedule)

(Grants and allocations \$

)

If this amount includes foreign grants, check here ►

□

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

241,940

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year		(B) End of year
	Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only			
	45 Cash—non-interest-bearing	31	45	141
	46 Savings and temporary cash investments	415,736	46	514,293
Assets	47a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	678	53	2,869
	54a Investments—publicly-traded securities		54a	
	b Investments—other securities (attach schedule)		54b	
	55a Investments—land, buildings, and equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b	55c	
	56 Investments—other (attach schedule)		56	
	57a Land, buildings, and equipment basis	57a	6,735	
	b Less accumulated depreciation (attach schedule)	57b	4,574	2,550
	SEE STATEMENT 6			2,161
	58 Other assets, including program-related investments (describe ►)			58
	59 Total assets (must equal line 74) Add lines 45 through 58		418,995	519,464
Liabilities	60 Accounts payable and accrued expenses		31,782	40,887
	61 Grants payable			61
	62 Deferred revenue			62
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64a Tax-exempt bond liabilities (attach schedule)			64a
	b Mortgages and other notes payable (attach schedule)			64b
	65 Other liabilities (describe ►)			65
	66 Total liabilities. Add lines 60 through 65		31,782	40,887
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	347,828	67	408,750
Net Assets or Fund Balances	68 Temporarily restricted	39,385	68	69,827
	69 Permanently restricted			69
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		387,213	478,577
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		418,995	519,464

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a' Total revenue, gains, and other support per audited financial statements	a	365,324
b Amounts included on line a but not on Part I, line 12:		
1 Net unrealized gains on investments	b1	
2 Donated services and use of facilities	b2	15,765
3 Recoveries of prior year grants	b3	
4 Other (specify)	b4	
Add lines b1 through b4	b	15,765
c Subtract line b from line a	c	349,559
d Amounts included on Part I, line 12, but not on line a:		
1 Investment expenses not included on Part I, line 6b	d1	
2 Other (specify)	d2	
Add lines d1 and d2	d	
e Total revenue (Part I, line 12) Add lines c and d	e	349,559

Part IV-B | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	273,960
b	Amounts included on line a but not Part I, line 17		
1	Donated services and use of facilities	b1	15,765
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify)	b4	
	Add lines b1 through b4	b	15,765
c	Subtract line b from line a	c	258,195
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify)	d2	165
	Add lines d1 and d2	d	165
e	Total expenses (Part I, line 17). Add lines c and d	e	258,360

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 8				

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)	SEE STMT 9	82b 15,765
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ► 0 , section 4912 ► 0 , section 4955 ► 0	89a	
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	89c	0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	89d	0
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90a	List the states with which a copy of this return is filed ► NONE	90b	2
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)		
91a	The books are in care of ► JANET DARNELL 9470 HEALTHPARK CIRCLE Located at ► FORT MEYRS, FL	Telephone no ►	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	ZIP + 4 ► 33908	
91b	Yes	No	

Form 990 (2007) PARTNERS FOR BREAST CANCER CARE, INC 65-0290568

Page 8

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

 91c X

If "Yes," enter the name of the foreign country ►

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here
and enter the amount of tax-exempt interest received or accrued during the tax year ► 92 □

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

93 Program service revenue

a _____
b _____
c _____
d _____
e _____

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate.

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue a _____

b MISCELLANEOUS

c _____
d _____
e _____

104 Subtotal (add columns (B), (D), and (E))

14 15,900

105 Total (add line 104, columns (B), (D), and (E))

► 19,785

0

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

▼ N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

 Yes X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

 Yes X No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI

Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals			

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals			

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
		Date	11/10/08
Paid Preparer's Use Only	Preparer's signature  Nancy J. Solak (President) Type or print name and title	Date 11/07/08	Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN (See Gen Instr X) P00102391
	Firm's name (or yours if self-employed), address, and ZIP + 4 STROEMER & COMPANY 8961 CONFERENCE DR STE 2 FORT MYERS, FL 33919	EIN 20-0167385	Phone no 239-433-1002

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust)

OMB No 1545-0047

2007**Supplementary Information-(See separate instructions.)**

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization

PARTNERS FOR BREAST CANCER CARE, INCEmployer identification number
65-0290568**Part I-A Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 1 of the instructions List each one If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl benefit plans & deferred comp	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	►			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	►	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	►	

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

Schedule A (Form 990 or 990-EZ) 2007

Part III **Statements About Activities** (See page 2 of the instructions.)

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

Yes No 1

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

- a Sale, exchange, or leasing of property?
- b Lending of money or other extension of credit?
- c Furnishing of goods, services, or facilities?
- d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? **SEE PART V-A, FORM 990**
- e Transfer of any part of its income or assets?

3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)

- b Did the organization have a section 403(b) annuity plan for its employees?
- c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement
- d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

- b Did the organization make any taxable distributions under section 4966?
- c Did the organization make a distribution to a donor, donor advisor, or related person?
- d Enter the total number of donor advised funds owned at the end of the tax year ► _____
- e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____
- f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► _____ 0
- g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____ 0

Part IV **Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only ONE applicable box)

5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 A school. Section 170(b)(1)(A)(ii) (Also complete Part V)

7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ►**

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

Type 1

Type II

Type III-Functionally Integrated

Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	219,258	256,104	231,808	175,131	882,301
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	14,938	2,881	2,206	987	21,012
19 Net income from unrelated business activities not included in line 18	8,654		47,612	52,301	108,567
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	242,850	258,985	281,626	228,419	1,011,880
24 Line 23 minus line 17	242,850	258,985	281,626	228,419	1,011,880
25 Enter 1% of line 23	2,429	2,590	2,816	2,284	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	► 26a	20,238
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	► 26b	154,024	
c Total support for section 509(a)(1) test. Enter line 24, column (e)	► 26c	1,011,880	
d Add Amounts from column (e) for lines 18 <u>21,012</u> 19 <u>108,567</u>	► 26d	283,603	
22 <u>154,024</u>	► 26e	728,277	
e Public support (line 26c minus line 26d total)	► 26f	71.9727%	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year	(2006) (2005) (2004) (2003)	N/A
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2006) (2005) (2004) (2003)		N/A
c Add Amounts from column (e) for lines: 15 <u>16</u>	16 <u>15</u>	► 27c	
17 <u>20</u> 21 <u>20</u>	21 <u>17</u>	► 27d	
d Add Line 27a total _____ and line 27b total _____		► 27e	
e Public support (line 27c total minus line 27d total)	► 27f		
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	► 27g	%	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	► 27h	%	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))			
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15			

Part V **Private School Questionnaire** (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following	32a		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32b		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32c		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32d		
d	Copies of all material used by the organization or on its behalf to solicit contributions?			
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:	33a		
a	Students' rights or privileges?	33b		
b	Admissions policies?	33c		
c	Employment of faculty or administrative staff?	33d		
d	Scholarships or other financial assistance?	33e		
e	Educational policies?	33f		
f	Use of facilities?	33g		
g	Athletic programs?	33h		
h	Other extracurricular activities?			
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)**

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
- (ii) Other assets

b Other transactions.

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

► Yes No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Form **4562-FY**Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)

OMB No 1545-0172

2007Attachment Sequence No **67**

Name(s) shown on return

PARTNERS FOR BREAST CANCER CARE, INCIdentifying number
65-0290568

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	125,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	500,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	110
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2007	17	658
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► <input type="checkbox"/>		

Section B—Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		111	5.0	MQ	200DB	6
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs		S/L
c 40-year			40 yrs	MM	S/L

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	774
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562-FY** (2007)

DAA THERE ARE NO AMOUNTS FOR PAGE 2

Form 990		Special Events Schedule			2007
		For calendar year 2007, or tax year beginning		6/01/07	, and ending
				5/31/08	
Name			Employer Identification Number		
PARTNERS FOR BREAST CANCER CARE, INC			65-0290568		

Description (A) **QUILT PROJECT**

(B) *...and the following are the main features of the system.*

(C)

Others

Federal Statements**Statement 1 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

Description	Amount
BOOK / TAX DEPREC DIFFERENCE	\$ 165
TOTAL	\$ 165

Federal Statements**Statement 2 - Form 990, Part II, Line 23 - Specific Assistance to Individuals**

Description	Amount
MEDICAL AND HOSPITAL EXPENSES	\$ 135,680
TOTAL	<u>\$ 135,680</u>

33278 Partners for Breast Cancer Care, Inc
65-0290568
FYE: 5/31/2008

Federal Statements

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Statement 3 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
EXPENSES	\$	\$	\$
JANET DARNELL COMPENSATION	43,000		
TOTAL	\$ 43,000	\$ 0	\$ 0

Federal Statements**Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
EXPENSES				
OFFICE AND ADMINISTRATIVE	\$ 10,436	\$ 4,696	\$ 4,696	\$ 1,044
INSURANCE	3,114	2,958	156	
LICENSES	200	200		
TOTAL	<u>\$ 13,750</u>	<u>\$ 7,854</u>	<u>\$ 4,852</u>	<u>\$ 1,044</u>

Federal Statements

Statement 5 - Form 990, Part III - Organization's Primary Exempt Purpose

Description

TO PROVIDE PUBLIC EDUCATION AND ASSISTANCE TO THOSE WITHOUT NECESSARY RESOURCES AND WHOM HAVE THE NEED FOR DIAGNOSIS AND TREATMENT OF BREAST DISEASE.

Federal Statements**Statement 6 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
TOTAL	\$ 6,515	\$ 3,965	\$ 6,735	\$ 4,574
	\$ 6,515	\$ 3,965	\$ 6,735	\$ 4,574

33278 Partners for Breast Cancer Care, Inc

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Federal Statements

Statement 7 - Form 990, Part IV-B - Other Expenses included on Return

Description	Amount
BOOK / TAX DEPREC DIFFERENCE	\$ 165
TOTAL	\$ 165

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65-0290568
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Federal Statements

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Statement 8 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
<u>Employees</u>					
NANCY SOLAK, RN 7146 BRENTWOOD DRIVE FORT MYERS FL 33919	PRESIDENT	10	0	0	0
JEAN VOGEL 2207 IVY AVE FORT MYERS FL 33907	PRES ELECT	10	0	0	0
BARB ADAMS, RN 2608 SW 48TH TERRACE CAPE CORAL FL 33914	SECRETARY	10	0	0	0
GAYLE SANDHAM, RN 257 SE 46TH STREET CAPE CORAL FL 33904	TREASURER	10	0	0	0
JOHN NAYLOR 1672 WHISKEY CREEK DR FORT MYERS FL 33919	PAST PRES	10	0	0	0
GUYLYN DEMEYERE 2287 SYCAMORE ST ST. JAMES CITY FL 33956	DIRECTOR	10	0	0	0
JEFFERY & LAURA DINGMAN 14711 BLACKBIRD LANE FORT MYERS FL 33199	DIRECTORS	10	0	0	0
RUTH ELROD 4280 SE 20TH PLACE #607 CAPE CORAL FL 33904	DIRECTOR	10	0	0	0
ROBIN HEALEY 3912 SE 2ND AVE CAPE CORAL FL 33904	DIRECTOR	10	0	0	0

Statement 8 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
DOTTIE HUMMEL, RN 6219-131 TIMBERWOOD CIRCLE FORT MYERS FL 33908	DIRECTOR	10	0	0	0
DR. JOSPEH ISLEY 11550 MCGREGOR BLVD FORT MYERS FL 33919	DIRECTOR	10	0	0	0
ENA MENDEZ 2232 GRAND AVE FORT MYERS FL 33901	DIRECTOR	10	0	0	0
FAYE VINCENT 15011 BRIDGEWAY LANE FORT MYERS FL 33919	DIRECTOR	10	0	0	0
DR. MARY KAY PETERSON 11481 WELLFLEET DRIVE FORT MYERS FL 33908	DIRECTOR	10	0	0	0
MARY SCOTT 7181 BRUM DRIVE ST. JAMES CITY FL 33956	DIRECTOR	10	0	0	0
BROOKE SIMON, RN 551 SEA OATS DRIVE SANIBEL FL 33957	DIRECTOR	10	0	0	0
MEG SULLIVAN 5130 GLADE COURT CAPE CORAL FL 33904	DIRECTOR	10	0	0	0
DOROTHY WEST 14961 VISTA VIEW WAY #905 FORT MYERS FL 33919	DIRECTOR	10	0	0	0

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65-0290568
FYE: 5/31/2008

Federal Statements

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**Statement 8 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key
Employees (continued)**

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
DR. KIM WORDEN 144 TROPICAL SHORES WAY FORT MYERS FL 33931	DIRECTOR	10	0	0	0
JANET DARNELL 15027 IONA LAKES DRIVE FORT MYERS FL 33908	PROGRAM DIR	10	43,000	9,271	0

33278 Partners for Breast Cancer Care, Inc

65-0290568

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Federal Statements

Statement 9 - Form 990, Part VI, Line 82b - Donated Services

Description	Amount
RENT	\$ 15,765
TOTAL	<u>\$ 15,765</u>

Form **8868**

(Rev. April 2008)

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.

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

► Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

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

Part I only ►

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

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

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization PARTNERS FOR BREAST CANCER CARE, INC	Employer identification number 65-0290568
	Number, street, and room or suite no. If a P.O. box, see instructions 9470 HEALTHPARK CIRCLE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FORT MYERS FL 33908	

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

Form 990
 Form 990-BL
 Form 990-EZ
 Form 990-PF

Form 990-T (corporation)
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 990-T (trust other than above)
 Form 1041-A

Form 4720
 Form 5227
 Form 6069
 Form 8870

- The books are in the care of ►

Telephone No ►

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box

►

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **1/15/09**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

► calendar year or
 ► tax year beginning **6/01/07**, and ending **5/31/08**

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2008)