

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047

**2005**Open to Public  
Inspection**A** For the 2005 calendar year, or tax year beginning

and ending

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization

TENNESSEE BREAST CANCER COALITION

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

P.O. BOX 158014

City or town, state or country, and ZIP + 4

NASHVILLE, TN 37215

**D** Employer identification number

62-1637548

**E** Telephone number

(615) 329-9879

**F** Accounting method: ☐ Cash ☒ Accrual  
Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H and I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ N/A**H(c)** Are all affiliates included? ☐ Yes ☒ No

(If "No," attach a list.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ N/A**G** Website: ▶ WWW.TBCC.ORG**J** Organization type (check only one) ☒ 501(c) ( 3 ) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶

316,270.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>1</b> Contributions, gifts, grants, and similar amounts received:			
<b>a</b> Direct public support	<b>1a</b>	94,766.	
<b>b</b> Indirect public support	<b>1b</b>		
<b>c</b> Government contributions (grants)	<b>1c</b>		
<b>d</b> Total (add lines 1a through 1c) (cash \$ 94,766. noncash \$ )	<b>1d</b>		94,766.
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		
<b>3</b> Membership dues and assessments	<b>3</b>		65.
<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		1,920.
<b>5</b> Dividends and interest from securities	<b>5</b>		
<b>6 a</b> Gross rents	<b>6a</b>		
<b>b</b> Less: rental expenses	<b>6b</b>		
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b> Other investment income (describe ▶ )	<b>7</b>		
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	<b>8a</b>	600.	
<b>b</b> Less: cost or other basis and sales expenses	<b>8b</b>	692.	
<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>	<92.>	
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>	STMT 1	<92.>
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
<b>a</b> Gross revenue (not including \$ 94,225. of contributors reported on line 1a)	<b>9a</b>	218,919.	
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	107,478.	
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>	SEE STATEMENT 2	111,441.
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		
<b>b</b> Less: cost of goods sold	<b>10b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		208,100.
<b>13</b> Program services (from line 44, column (B))	<b>13</b>		163,996.
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		27,968.
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		191,964.
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		16,136.
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		339,381.
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	SEE STATEMENT 3	25,661.
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		381,178.

523001  
02-03-06

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

Form 990 (2005)

**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 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$119,000 • noncash \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	119,000.	119,000.	STATEMENT 5	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc.	0.	0.	0.	0.
26 Other salaries and wages				
27 Pension plan contributions				
28 Other employee benefits				
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees	1,300.		1,300.	
32 Legal fees				
33 Supplies	369.		369.	
34 Telephone	403.		403.	
35 Postage and shipping	209.		209.	
36 Occupancy				
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel				
40 Conferences, conventions, and meetings	8,429.	8,429.		
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	2,344.		2,344.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 4	59,910.	36,567.	23,343.	
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	191,964.	163,996.	27,968.	0.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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**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 7		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)		
<b>a</b> SEE STATEMENT 6		
(Grants and allocations \$ 119,000. ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		163,996.
<b>b</b>		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<b>c</b>		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<b>d</b>		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<b>e</b> Other program services (attach schedule)		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ►		163,996.

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**Part IV Balance Sheets** (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	312,045.	45	328,400.
	46 Savings and temporary cash investments	25,086.	46	25,703.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment: basis	55a 1,606.		
	b Less: accumulated depreciation	55b 192.	2,100.	55c 1,414.
56 Investments - other	SEE STATEMENT 8	0.	56 25,661.	
57 a Land, buildings, and equipment: basis	57a			
b Less: accumulated depreciation	57b	57c		
58 Other assets (describe )		150.	58	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58		339,381.	59	381,178.
<b>Liabilities</b>	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe )		65	
66 <b>Total liabilities.</b> Add lines 60 through 65		0.	66	0.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	339,381.	67	381,178.
	68 Temporarily restricted		68	
	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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	339,381.	73	381,178.
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	339,381.	74	381,178.	

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[illegible]

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.)

[illegible]

Part IV-B	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
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a	Total revenue, gains, and other support per audited financial statements		b	278,432.
b	Amounts included on line a but not on Part I, line 12:		c	
1	Net unrealized gains on investments	b1	d	
2	Donated services and use of facilities	b2	e	
3	Recoveries of prior year grants	b3	f	
4	Other (specify): SEE STATEMENT 9	b4	g	
	Add lines b1 through b4		h	
c	Subtract line b from line a		i	
d	Amounts included on Part I, line 12, but not on line a:		j	
1	Investment expenses not included on Part I, line 6b	d1	k	
2	Other (specify): DIRECT BENEFIT TO DONORS	d2	l	
	Add lines d1 and d2		m	
e	Total revenue (Part I, line 12). Add lines c and d		n	

(Instructions.)

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

## Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	12		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?	75c		X
	<p><b>Note.</b> Related organizations include section 509(a)(3) supporting organizations.</p> <p>If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.</p>			
d	Does the organization have a written conflict of interest policy?	75d		X

**Part V-B** **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address NONE	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
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## Part VI Other Information (See the instructions.)

76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization N/A		
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.)	81a	0
b	Did the organization file Form 1120-POL for this year?	81b	X



**Part VI Other Information** (continued)

		Yes	No
82 a	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?		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.)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
	N/A		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		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		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	N/A		
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 N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
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		
85	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88	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		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed ▶ TN		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	0
91 a	The books are in care of ▶ CINDY SMITH Telephone no. ▶ (615) 371-8907		
	Located at ▶ P.O. BOX 158014, NASHVILLE, TN ZIP + 4 ▶ 37215		
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 ▶ N/A	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Form 990 (2005)



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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
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					65.
95 Interest on savings and temporary cash investments			14	1,920.	
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			18	<92.>	
101 Net income or (loss) from special events			02	111,441.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		113,269.	65.
105 Total (add line 104, columns (B), (D), and (E))					113,334.

Note: Line 105 plus line 1d, 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).
94	INCREASED MEMBERSHIP ENABLES TBCC TO INCR. AWARENESS OF BREAST CANCER

**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 ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

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

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.			
	Signature of officer	Date	Type or print name and title.	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no.
53163 02-03-06	KRAFTCPAS PLLC 555 GREAT CIRCLE ROAD, SUITE 200 NASHVILLE, TN 37228-1310		(615) 242-7351	

Form 990 (2005)



**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(l), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2005**

Name of the organization

TENNESSEE BREAST CANCER COALITION

Employer identification number

62-1637548

**Part I**

**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 employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000

0

**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

0

**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

0

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

	Yes	No
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: \$ <u>3,000</u> . (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-B, LINE I		X
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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

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 supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

523111  
02-03-06

Schedule A (Form 990 or 990-EZ) 2005



**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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	96,284.	108,200.	15,267.	161,234.	380,985.
16 Membership fees received	50.	130.	475.	1,170.	1,825.
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	186,673.	147,933.	196,613.	51,608.	582,827.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,965.	1,076.	1,942.	3,521.	8,504.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets			SEE STATEMENT 11	6,561.	6,561.
23 Total of lines 15 through 22	284,972.	257,339.	214,297.	224,094.	980,702.
24 Line 23 minus line 17	98,299.	109,406.	17,684.	172,486.	397,875.
25 Enter 1% of line 23	2,850.	2,573.	2,143.	2,241.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 7,958.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 102,252.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 397,875.
d Add: Amounts from column (e) for lines: 18 8,504. 19					26d 117,317.
22 6,561. 26b 102,252.					26e 280,558.
e Public support (line 26c minus line 26d total)					26f 70.5141%
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: N/A					
(2004) (2003) (2002) (2001)					
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: N/A					
(2004) (2003) (2002) (2001)					
c Add: Amounts from column (e) for lines: 15 16					27c N/A
17 20 21					27d N/A
d Add: Line 27a total and line 27b total					27e N/A
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	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:		
a Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d	
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:		
a Students' rights or privileges? .....	33a	
b Admissions policies? .....	33b	
c Employment of faculty or administrative staff? .....	33c	
d Scholarships or other financial assistance? .....	33d	
e Educational policies? .....	33e	
f Use of facilities? .....	33f	
g Athletic programs? .....	33g	
h Other extracurricular activities? .....	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a 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	

Schedule A (Form 990 or 990-EZ) 2005



**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred.)		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	37													
38	Total lobbying expenditures (add lines 36 and 37) .....	38													
39	Other exempt purpose expenditures .....	39													
40	Total exempt purpose expenditures (add lines 38 and 39) .....	40													
41	Lobbying nontaxable amount. Enter the amount from the following table -														
<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000 .....</td> <td>20% of the amount on line 40 .....</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000 .....</td> <td>\$100,000 plus 15% of the excess over \$500,000 .....</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000 .....</td> <td>\$175,000 plus 10% of the excess over \$1,000,000 .....</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000 .....</td> <td>\$225,000 plus 5% of the excess over \$1,500,000 .....</td> </tr> <tr> <td>Over \$17,000,000 .....</td> <td>\$1,000,000 .....</td> </tr> </table>		If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000 .....	20% of the amount on line 40 .....	Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....	Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....	Over \$17,000,000 .....	\$1,000,000 .....	41	
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000 .....	20% of the amount on line 40 .....														
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....														
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....														
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....														
Over \$17,000,000 .....	\$1,000,000 .....														
42	Grassroots nontaxable amount (enter 25% of line 41) .....	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44													

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount .....				0.
46	Lobbying ceiling amount (150% of line 45(e)) .....				0.
47	Total lobbying expenditures .....				0.
48	Grassroots nontaxable amount .....				0.
49	Grassroots ceiling amount (150% of line 48(e)) .....				0.
50	Grassroots lobbying expenditures .....				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers .....	X		
b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....		X	
c Media advertisements .....		X	
d Mailings to members, legislators, or the public .....		X	
e Publications, or published or broadcast statements .....		X	
f Grants to other organizations for lobbying purposes .....		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body .....	X		3,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....		X	
i Total lobbying expenditures (Add lines c through h.) .....			3,000.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.





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FORM 990                      GAIN (LOSS) FROM SALE OF OTHER ASSETS                      STATEMENT    1

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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
SALE OF COMPUTER	VARIOUS	VARIOUS	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC
	600.	692.	0.	0.
TO FM 990, PART I, LN 8	600.	692.	0.	0.

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FORM 990                      SPECIAL EVENTS AND ACTIVITIES                      STATEMENT    2

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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF TOURNAMENT	266,959.	94,225.	172,734.	105,107.	67,627.
TENNIS TOURNAMENT	12,184.		12,184.	2,098.	10,086.
LOW COUNTRY BOIL	27,836.		27,836.		27,836.
OTHER SPECIAL EVENTS	6,165.		6,165.	273.	5,892.
TO FM 990, PART I, LINE 9	313,144.	94,225.	218,919.	107,478.	111,441.

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FORM 990                      OTHER CHANGES IN NET ASSETS OR FUND BALANCES                      STATEMENT    3

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DESCRIPTION	AMOUNT
PRIOR PERIOD ADJUSTMENT	23,242.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN AGENCY ENDOWMENT FUNDS	2,419.
TOTAL TO FORM 990, PART I, LINE 20	25,661.

FORM 990

OTHER EXPENSES

STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
NEWSLETTER	3,452.	3,452.		
CONTRACT LABOR	30,465.	12,675.	17,790.	
TEAM TRAINING	3,733.	3,733.		
EMERGENCY ACCESS	13,029.	13,029.		
INSURANCE	1,115.		1,115.	
BANK CHARGES	251.		251.	
WEBSITE	451.		451.	
COMPUTER	1,267.		1,267.	
DUES AND MEMBERSHIPS	678.		678.	
EDUCATIONAL MATERIALS	99.	99.		
PROMOTIONAL ITEMS	679.	679.		
SIGNAGE	421.		421.	
SPONSORSHIPS	2,900.	2,900.		
TAXES, LICENSES, AND PERMITS	1,370.		1,370.	
TOTAL TO FM 990, LN 43	59,910.	36,567.	23,343.	

FORM 990

CASH GRANTS AND ALLOCATIONS

STATEMENT 5

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
	CLARKSVILLE YMCA	260 HILLCREST DRIVE, CLARKSVILLE, TN	NONE	10,000.
	BAPTIST HOSPITAL	2000 CHURCH ST., NASHVILLE, TN 37236	NONE	10,000.
	MATTHEW WALKER COMP. HEALTH CNTR.	1035 14TH AVENUE NORTH, NASHVILLE, TN 37208	NONE	15,000.
	GILDA'S CLUB	1033 18TH AVE. S., NASHVILLE, TN 37212	NONE	37,000.
	AMERICAN CANCER SOCIETY	2008 CHARLOTTE AVENUE, NASHVILLE, TN 37203	NONE	15,000.



TENNESSEE BREAST CANCER COALITION62-1637548

ST. THOMAS HOSPITAL	4220 HARDING PIKE, NONE NASHVILLE, TN 37205	10,000.
YMCA OF MIDDLE TENNESSEE	900 CHURCH STREET, NONE NASHVILLE, TN 37203	10,000.
VANDERBILT-INGRAM CANCER CENTER	691 PRESTON BUILDING, NASHVILLE, TN	12,000.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22

119,000.

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FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	6
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DESCRIPTION OF PROGRAM SERVICE ONE

TBCC PROVIDES EDUCATION SERVICES ABOUT THE RISKS OF BREAST CANCER AND OPTIONS FOR ACCESS TO QUALITY CARE AND TREATMENT; HOSTS A WEBSITE WITH RESOURCES AND OTHER INFORMATION; SPONSORS AND SUPPORTS COMMUNITY OUTREACH PROGRAMS THROUGH GRANTS; PUBLISHES AND DISTRIBUTES A NEWSLETTER "BREASTLINK" TO OVER 5,000 INDIVIDUALS/HOSPITALS/SUPPORT GROUPS AND BUSINESSES ACROSS THE STATE; OPERATES "PROJECT REACH" TO REDUCE OBSTACLES ASSOCIATED WITH WOMEN'S HEALTH CARE IN RURAL COMMUNITIES; AND OPERATES AN EMERGENCY ACCESS FUND THAT PROVIDES FINANCIAL SUPPORT THROUGH THE COVERAGE OF A PATIENT'S MEDICAL INSURANCE COPAY, MORTGAGE PAYMENTS OR RENT, UTILITIES AND LOCAL TELEPHONE SERVICE, UP TO \$1,000 PER PERSON, PER CALENDAR YEAR. SEE ATTACHED STATEMENT FOR ADDITIONAL INFORMATION.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	119,000.	163,996.

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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	7
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EXPLANATION

INCREASE AWARENESS THROUGH EDUCATION ABOUT BREAST CANCER RESEARCH, TREATMENT AND PREVENTION; TO IMPROVE ACCESS FOR ALL WOMEN TO HIGH QUALITY BREAST CANCER SCREENING, DIAGNOSIS AND TREATMENT; TO INCREASE INFLUENCE OF BREAST CANCER ADVOCATES IN DECISIONS AFFECTING SCIENTIFIC RESEARCH, CLINICAL TRIALS AND LEGISLATIVE POLICY; AND TO INCREASE FUNDING FOR BREAST CANCER RESEARCH IN ORDER TO ERADICATE THE DISEASE.



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FORM 990	OTHER INVESTMENTS	STATEMENT	8
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DESCRIPTION	VALUATION METHOD	AMOUNT
AGENCY ENDOWMENT FUND	COST	25,661.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		25,661.

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FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	9
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DESCRIPTION	AMOUNT
SPECIAL EVENT EXPENSES	107,478.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN AGENCY ENDOWMENT FUNDS	2,419.
TOTAL TO FORM 990, PART IV-A	109,897.

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FOOTNOTES	STATEMENT	10
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STATEMENT REGARDING LOBBYING ACTIVITIES  
TBCC SPONSERED FOUR SCHOLARSHIPS TO THE NATIONAL BREAST CANCER COALITION ANNUAL ADVOCACY TRAINING CONFERENCE IN WASHINGTON, D.C. THIS CONFERENCE ALLOWED PARTICIPANTS TO ATTEND WORKSHOPS CONDUCTED BY THE COUNTRY'S LEADING DOCTORS AND SCIENTISTS IN ALL AREAS OF THE MEDICAL FIELD RELATED TO BREAST CANCER. IT ALSO PROVIDES TRAINING ON HOW TO BE AN ADVOCATE AND AFFECT BOTH STATE AND NATIONAL LEGISLATION. WHILE ONLY TWELVE LADIES PARTICIPATED, THEIR EFFORTS WERE INSTRUMENTAL IN THE PASSAGE OF THE BREAST AND CERVICAL TREATMENT ACT AT BOTH LEVELS, STATE AND NATIONAL, PROVIDING ADDITIONAL COVERAGE TO WOMEN DIAGNOSED WITH BREAST OR CERVICAL CANCER THROUGH THE CENTERS FOR DISEASE CONTROL; THUS AFFECTING THE OUTCOMES OF WOMEN THROUGHOUT THE STATE OF TENNESSEE.

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SCHEDULE A	OTHER INCOME	STATEMENT 11
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DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
OTHER INCOME	0.	0.	0.	6,561.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	0.	6,561.

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## 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 ☒ **X**
- 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)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

Type or print	Name of Exempt Organization <b>TENNESSEE BREAST CANCER COALITION</b>	Employer identification number <b>62-1637548</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 158014</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NASHVILLE, TN 37215</b>	

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

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **CINDY SMITH**  
Telephone No. ► **(615) 847-4001** FAX No. ► \_\_\_\_\_
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole group**, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **AUGUST 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year **2005** or  
► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

- 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. \$ \_\_\_\_\_

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. \$ \_\_\_\_\_

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. \$           N/A          

**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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 12-2004)

**Tennessee Breast Cancer Coalition  
2005 Board of Directors**

Barbara Eller, President  
P.O. Box 158014  
Nashville, TN 37215  
(615)329-9879

Cindy B. Smith  
P.O. Box 158014  
Nashville, TN 37215  
(615)329-9879

Nancy Saturn, Past President  
P.O. Box 158014  
Nashville, TN 37215  
(615)329-9879

Mary Gingrass, Medical Advisor  
P.O. Box 158014  
Nashville, TN 37215  
(615)329-9879

Melissa Ragsdale, Vice President  
P.O. Box 158014  
Nashville, TN 37215  
(615)329-9879

Robin Williams, Medical Advisor  
P.O. Box 158014  
Nashville, TN 37215  
(615)329-9879

Jodie Clark, Secretary/Treasurer  
P.O. Box 158014  
Nashville, TN 37215  
(615)329-9879

Kathy Follin  
P.O. Box 158014  
Nashville, TN 37215  
(615)329-9879

Carolette, Forbess  
P.O. Box 158014  
Nashville, TN 37215  
(615)329-9879

Wendy Hardaway  
P.O. Box 158014  
Nashville, TN 37215  
(615)329-9879

Christina Jones  
P.O. Box 158014  
Nashville, TN 37215  
(615)329-9879

Diane Thorne  
P.O. Box 158014  
Nashville, TN 37215  
(615)329-9879