

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning , 2014, and ending ,

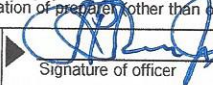
| | | |
|--|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C COMMUNITY CHARITY ADVANCEMENT, INC. 4699 N. FEDERAL HWY. 101 H POMPANO BEACH, FL 33064 | D Employer identification number 27-0257040 E Telephone number G Gross receipts \$ 10,616,737. |
| F Name and address of principal officer: SAME AS C ABOVE | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions) |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(c) Group exemption number ▶ |
| J Website: ▶ WWW.COMMUNITYCHARITYADVANCEMENT.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | L Year of formation: 2008 | M State of legal domicile: TN |

Part I Summary

| | | | |
|------------|---|---------------------------|--------------|
| 1 | Briefly describe the organization's mission or most significant activities: <u>PROVIDED MEDICINE AND SUPPLIES TO SOUTH AMERICA. CONTRIBUTED TO CANCER RESEARCH THROUGH DONATIONS TO VARIOUS RESEARCH ORGANIZATIONS.</u> | | |
| 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| 3 | Number of voting members of the governing body (Part VI, line 1a)..... | 3 | 4 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b)..... | 4 | 0 |
| 5 | Total number of individuals employed in calendar year 2014 (Part V, line 2a)..... | 5 | 0 |
| 6 | Total number of volunteers (estimate if necessary)..... | 6 | 0 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12..... | 7a | 0. |
| 7b | Net unrelated business taxable income from Form 990-T, line 34..... | 7b | 0. |
| 8 | Contributions and grants (Part VIII, line 1h)..... | Prior Year | Current Year |
| 9 | Program service revenue (Part VIII, line 2g)..... | 9,778,079. | 10,616,737. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... | | |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... | | |
| 12 | Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... | 9,778,079. | 10,616,737. |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... | 5,891,976. | 6,040,652. |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4)..... | | |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... | 48,701. | 81,715. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e)..... | 3,236,145. | 3,996,137. |
| b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,996,137. | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... | 601,822. | 518,058. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... | 9,778,644. | 10,636,562. |
| 19 | Revenue less expenses. Subtract line 18 from line 12..... | -565. | -19,825. |
| 20 | Total assets (Part X, line 16)..... | Beginning of Current Year | End of Year |
| 21 | Total liabilities (Part X, line 26)..... | 70,247. | 70,896. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20..... | 10,717. | 31,191. |
| | | 59,530. | 39,705. |

Part II Signature Block

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

| | | |
|------------------|---|--|
| Sign Here | Signature of officer  Date <u>8/13/15</u> | |
| | FRANCIS P. FERRER, JR. Type or print name and title. PRESIDENT | |

| | | | | |
|-------------------------------|---|--|------|---|
| Paid Preparer Use Only | Print/Type preparer's name MAREITH CLAYTON METIER | Preparer's signature MAREITH CLAYTON METIER | Date | Check <input checked="" type="checkbox"/> if self-employed PTIN P01500412 |
| | Firm's name ▶ MAREITH CLAYTON METIER, CPA Firm's address ▶ 1107 VIRGINIA AVE MURFREESBORO, TN 37130 | | | Firm's EIN ▶ Phone no. (615) 895-9026 |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE HEALTH CARE SERVICES, PRODUCTS AND RELATED ASSISTANCE TO THOSE IN NEED IN THE US AND CENTRAL AND SOUTH AMERICA AND TO PROVIDE SUPPORT TO BREAST CANCER RESEARCH. IN ADDITION, ASSISTING VICTIMS WHO HAVE LOST THIER HOMES TO FIRE.

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

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

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

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

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

4a (Code:) (Expenses \$ 5,862,613. including grants of \$) (Revenue \$)

FACILITATE THE DELIVERY OF MEDICINES AND MEDICAL SUPPLIES IN THE DOMINICAN REPUBLI IN ORDER TO HELP VICTIMS OF BREAST CANCER AND RELATED ILLNESSESS IN VARIOUS HOSPITALS AND MEDICAL CENTERS.

4b (Code:) (Expenses \$ 389,311. including grants of \$) (Revenue \$)

PROVIDE SUPPORT TO PARTNER AGENCIES THAT OFFER HUMANITARIAN CARE AND SERVICES MOST NEEDED IN THE COMMUNITY.

4c (Code:) (Expenses \$ 129,039. including grants of \$) (Revenue \$)

PROVIDED BLANKETS, MEN'S AND WOMEN'S CLOTHING, NEOSPORIN AND HYGIENE PRODUCTS TO THE ANOTHER HAND FOUNDATION LOCATED IN WEST ALLIS, WI.

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

(Expenses \$ 49,000. including grants of \$) (Revenue \$)

4e Total program service expenses 6,429,963.

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

2014

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

Department of the Treasury
Internal Revenue Service

Employer identification number

27-0257040

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (1) ANOTHER HAND FOUNDATION 5300 W NATIONAL AVE WEST ALLIS, WI 53214 | | | 0. | 129,039. | FMV - EXPERT | BLANKETS, CLOTHING, NEOSPORIN, HYGI FIGHT | PROVIDE DONATED GOODS TO FIRE FIGHT |
| (2) AUBURN UNIVERSITY RESEARCH IN 875 SHUG JORDON PKWY AUBURN, AL 36832 | | | 7,000. | 0. | | | |
| (3) COLUMBIA UNIVERSITY 161 FORT WASHINGTON AVE NEW YORK, NY 10032 | | | 7,000. | 0. | | | |
| (4) DOMINICAN REPUBLIC INSTITUTO CALLE BENIGNO F. ROJAS NO. 31 SANTO DOMINGO, CALLE BENIGNO | | | 0. | 3,393,488. | FMV - EXPERT | MEDICINES, ANTIBIOTICS AND CANCER M | PROVIDE DONATED MEDICINES TO CANCER |
| (5) MD ANDERSON CANCER CENTER 1515 HOLCOMBE BLVD HOUSTON, TX 77030 | | | 7,000. | 0. | | | |
| (6) NUEVO AMANECER ONG 3A. AVENIDA 13-30 ZONA 3 DE M CIUDAD, 3A. AVENIDA 13-30 ZO | | | 0. | 2,469,125. | | | |
| (7) UNC LINEBERGER CCC 101 MANNING DR. CHAPEL HILL, NC 27514 | | | 7,000. | 0. | | | |
| (8) UNIVERSITY OF FLORIDA 2240 W WOOLBRIGHT RD, STE 415 BOYNTON BEACH, FL 33426 | | | 7,000. | 0. | | | |

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
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Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.