

EXTENSION FILED

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

<p>B Check if applicable</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization JESSICA JUNE CHILDREN'S CANCER FOUNDATION, INC.</p> <p>Doing Business As _____</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1600 SOUTH ANDREWS AVENUE</p> <p>City or town, state or province, country, and ZIP or foreign postal code FORT LAUDERDALE, FL 33316-2510</p> <p>F Name and address of principal officer: SANDRA MUVDI SAME AS C ABOVE</p>	<p>D Employer identification number 13-4280980</p> <p>E Telephone number 954-712-6322</p> <p>G Gross receipts \$ 299,981.</p> <p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p>H(c) Group exemption number ▶ _____</p>
<p>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</p>		
<p>J Website: ▶ WWW.JJCCF.ORG</p>		
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ _____</p>		
<p>L Year of formation: 2004 M State of legal domicile: FL</p>		

Part I Summary

Activities & Governance	<p>1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE JESSICA JUNE CHILDREN'S CANCER FOUNDATION, INC. ("JJCCF") IS TO PROVIDE EMERGENCY</p> <p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p> <p>3 Number of voting members of the governing body (Part VI, line 1a) 3 5</p> <p>4 Number of independent voting members of the governing body (Part VI, line 1b) 4 4</p> <p>5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 3 3</p> <p>6 Total number of volunteers (estimate if necessary) 234 234</p> <p>7a Total unrelated business revenue from Part VIII, column (C), line 12 0. 0.</p> <p>7b Net unrelated business taxable income from Form 990-T, line 34 0. 0.</p>																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align:right">Prior Year</th> <th style="text-align:right">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align:right">377,509.</td> <td style="text-align:right">299,191.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align:right">0.</td> <td style="text-align:right">0.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align:right">999.</td> <td style="text-align:right">790.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align:right"><45,684.></td> <td style="text-align:right"><23,516.></td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align:right">332,824.</td> <td style="text-align:right">276,465.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	377,509.	299,191.	9 Program service revenue (Part VIII, line 2g)	0.	0.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	999.	790.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<45,684.>	<23,516.>	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	332,824.	276,465.							
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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	<p>Signature of officer: <i>Sandra Muvdi</i></p> <p>SANDRA MUVDI, PRESIDENT</p> <p>Type or print name and title</p>	<p>Date: 9/19/14</p>
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Paid Preparer Use Only	<p>Print/Type preparer's name Anne L. Reinstein</p> <p>Firm's name ▶ McCleary & Reinstein, P.A.</p> <p>Firm's address ▶ 7461 Northwest 4th Street Plantation, FL 33317-2216</p>	<p>Preparer's signature: <i>Anne L. Reinstein</i></p>	<p>Date: 9/15/14</p>	<p>Check if self-employed <input type="checkbox"/></p>	<p>PTIN: P00577502</p> <p>Firm's EIN ▶ 65-1014887</p> <p>Phone no. 954-587-5445</p>
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May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

217 8

JESSICA JUNE CHILDREN'S CANCER FOUNDATION, INC.

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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: SEE STATEMENT 1

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

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

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

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 \$ 157,552. including grants of \$ 66,960.) (Revenue \$) FINANCIAL ASSISTANCE PROGRAM - DURING 2013 JJCCF'S MAIN PROGRAM PROVIDED EMERGENCY FINANCIAL ASSISTANCE, HOPE, COMPASSION AND LOVE TO 523 CHILDREN AND FAMILY MEMBERS IMPACTED BY CHILDHOOD CANCER. FROM 2006 THROUGH 2013 THE PROGRAM HAS SERVED 2,275 INDIVIDUALS. DURING 2013, 97% OF TOTAL EXPENSES WERE PROGRAM EXPENSES.

THE FOUNDATION PRIDES ITSELF ON SOLVING THE IMMEDIATE NEEDS OF CHILDREN AND FAMILIES WHO ARE STRUGGLING TO SURVIVE WHAT FOR MANY IS THE MOST DIFFICULT CRISIS OF THEIR LIVES. WITHOUT THIS ONGOING PROGRAM, MANY CHILDREN UNDERGOING CANCER TREATMENT WOULD NOT HAVE ACCESS TO BASIC HUMAN NECESSITIES DURING TIMES OF CRISIS. JJCCF IS THE ONLY NON-PROFIT PROVIDING EMERGENCY FINANCIAL ASSISTANCE TO FAMILIES IN CRISIS ENDURING

4b (Code) (Expenses \$ 50,556. including grants of \$ 30,000.) (Revenue \$) ADVOCACY PROGRAM - JJCCF ADVOCATES FOR CHILDREN IN NEED FIGHTING CANCER TO FIND ALTERNATIVE CHANNELS OF SUPPORT TO FURTHER ASSIST FAMILIES WITH EXTREME NEEDS. THE FOUNDATION REACHES OUT FOR OUTSIDE SUPPORT FOR THESE CHILDREN AND FAMILY MEMBERS NEEDING URGENT ASSISTANCE TO SURVIVE A TEMPORARY CRISIS. THESE CHILDREN HAVE ALREADY RECEIVED FINANCIAL ASSISTANCE, BUT THEIR NEEDS EXCEED JJCCF'S LIMITED RESOURCES.

THROUGH TARGETED FUNDRAISING, CONTRIBUTIONS WERE GENERATED FROM POSTINGS ON JJCCF'S WEBSITE AND SOCIAL MEDIA PAGES, E BLAST NEWSLETTERS, SPECIAL FUNDRAISING EVENTS, MEDIA BROADCASTINGS / PRESS AND COLLABORATING CHARITIES. THE ADVOCACY PROGRAM WAS EFFECTIVE IN GENERATING ADDITIONAL FUNDING FOR QUALIFYING FAMILIES IN CRISIS TO HAVE

4c (Code) (Expenses \$ 39,561. including grants of \$ 24,000.) (Revenue \$) SHARE THE JOY PROGRAM - THE CONTRIBUTION PROGRAM CREATED IN 2010 ENCOURAGES LOCAL BUSINESSES, GROUPS AND INDIVIDUALS TO DONATE \$2,000 FOR THE SPONSORSHIP OF A FAMILY IN CRISIS BATTLING CHILDHOOD CANCER. 100% OF THE FUNDS DONATED PROVIDE THE FAMILY WITH CHECK PAYMENTS OR GIFT CARDS TO COVER THEIR BASIC HUMAN NECESSITIES SUCH AS MEDICAL, UTILITIES, RENT, MORTGAGE, CAR, GAS AND FOOD. "SHARE THE JOY" CEREMONIES INCLUDE THE BENEFITING CHILD, FAMILY MEMBERS, JJCCF STAFF, DONOR(S) AND OPTIONAL GUESTS. IN LIEU OF A CEREMONY, DONORS CAN REQUEST THE STORY AND PHOTO OF THE BENEFITING CHILD. "SHARE THE JOY" RESULTS ARE OF IMPACT BOTH TO THE DONOR AND TO THE BENEFITING FAMILY WHO SHARE FEELINGS OF JOY FROM EITHER GIVING OR RECEIVING A MEANINGFUL GIFT.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 247,669.

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**JESSICA JUNE CHILDREN'S CANCER
FOUNDATION, INC.**

Part IV Checklist of Required Schedules

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

**JESSICA JUNE CHILDREN'S CANCER
FOUNDATION, INC.**

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Part IV Checklist of Required Schedules (continued)

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

Form 990 (2013)

**JESSICA JUNE CHILDREN'S CANCER
FOUNDATION, INC.**

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official		X
15b	b Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - 954-712-6322**
1600 SOUTH ANDREWS AVENUE, FORT LAUDERDALE, FL 33316-2510

JESSICA JUNE CHILDREN'S CANCER
FOUNDATION, INC.

Form 990 (2013)

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	112,880.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	186,311.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f		299,191.				
	Program Service Revenue	2 Business Code					
a							
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		790.			790.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 112,880. of contributions reported on line 1c) See Part IV, line 18	a		0.			
		b Less: direct expenses	b	23,516.			
		c Net income or (loss) from fundraising events		<23,516.>			<23,516.>
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a	a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			276,465.	0.	0.	<22,726.>	

**JESSICA JUNE CHILDREN'S CANCER
FOUNDATION, INC.**

Form 990 (2013)

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	120,960.	120,960.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	45,500.	45,500.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	46,883.	46,883.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	7,067.	7,067.		
11 Fees for services (non-employees):				
a Management				
b Legal	830.	830.		
c Accounting	1,825.	1,825.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,500.		2,500.	
12 Advertising and promotion				
13 Office expenses	13,604.	10,883.	2,721.	
14 Information technology	1,733.	1,733.		
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	755.	755.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>AUTO EXPENSES</u>	3,837.	2,878.	959.	
b <u>PRINTING AND POSTAGE</u>	2,698.	1,808.	890.	
c <u>BANK FEES</u>	2,667.	2,667.		
d <u>TELEPHONE EXPENSE</u>	2,295.	1,538.	757.	
e All other expenses	2,342.	2,342.		
25 Total functional expenses. Add lines 1 through 24e	255,496.	247,669.	7,827.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

JESSICA JUNE CHILDREN'S CANCER
FOUNDATION, INC.

Form 990 (2013)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	235,233.	2	256,202.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		10c
	b Less: accumulated depreciation	10b		
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	235,233.	16	256,202.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	235,233.	27	256,202.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	235,233.	33	256,202.	
34 Total liabilities and net assets/fund balances	235,233.	34	256,202.	

Form 990 (2013)

JESSICA JUNE CHILDREN'S CANCER
FOUNDATION, INC.

Form 990 (2013)

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	276,465.
2	Total expenses (must equal Part IX, column (A), line 25)	2	255,496.
3	Revenue less expenses. Subtract line 2 from line 1	3	20,969.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	235,233.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	256,202.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

JESSICA JUNE CHILDREN'S CANCER

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	103,426.	187,643.	223,072.	377,509.	299,191.	1190841.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	103,426.	187,643.	223,072.	377,509.	299,191.	1190841.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						177,138.
6 Public support. Subtract line 5 from line 4						1013703.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	103,426.	187,643.	223,072.	377,509.	299,191.	1190841.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,008.	1,892.	1,137.	999.	790.	8,826.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)				1,524.		1,524.
11 Total support. Add lines 7 through 10						1201191.
12 Gross receipts from related activities, etc. (see instructions)					12	21,981.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	84.39	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	76.39	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

JESSICA JUNE CHILDREN'S CANCER

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col. (c))	
		FANCY JEANS PARTY	FT LAUDERDALE B	1		
Revenue		(event type)	(event type)	(total number)		
1	Gross receipts	99,491.	12,305.	1,084.	112,880.	
2	Less: Contributions	99,491.	12,305.	1,084.	112,880.	
3	Gross income (line 1 minus line 2)					
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	23,064.	231.	221.	23,516.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				23,516.
11	Net income summary. Subtract line 10 from line 3, column (d)				<23,516.>	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2013

Open to Public
Inspection

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

Name of the organization
**JESSICA JUNE CHILDREN'S CANCER
FOUNDATION, INC.**

Employer identification number
13-4280980

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FINANCIAL ASSISTANCE FOR CHILDREN FIGHTING CANCER AND THEIR FAMILIES TO
ENSURE ACCESS TO BASIC HUMAN NECESSITIES. THE FOUNDATION ALSO ADVOCATES
FOR AND RAISES AWARENESS OF CHILDHOOD CANCER.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ALL PEDIATRIC CANCERS IN THE SOUTH FLORIDA TRI-COUNTY AREA.

DURING 2013 JJCCF WAS AWARDED "CHARITY OF THE YEAR" BY FAMILY LIFE
MAGAZINE FOR THE INVALUABLE SERVICES IT PROVIDES TO THE SOUTH FLORIDA
COMMUNITY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

ACCESS TO ADDITIONAL FINANCIAL SUPPORT.

DURING 2013 THE ADVOCACY PROGRAM RAISED APPROXIMATELY \$20,000 (PLUS IT
BROUGHT ADDITIONAL BENEFITS FROM COLLABORATING CHARITIES) FOR 44
INDIVIDUALS IN CRISIS IMPACTED BY CHILDHOOD CANCER.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

"SHARE THE JOY" RAISED APPROXIMATELY \$12,000 BENEFITING 26 CHILDREN AND
FAMILY MEMBERS IN 2013.

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: DIRECTOR'S, SANDRA MUVDI AND DIANA MUVDI ARE SIBLINGS.

Name of the organization JESSICA JUNE CHILDREN'S CANCER FOUNDATION, INC.	Employer identification number 13-4280980
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FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: THE CORPORATION HAS ONE MEMBERSHIP CLASS.

FORM 990, PART VI, SECTION A, LINE 7A:

EXPLANATION: MEMBERS HAVE THE AUTHORITY TO ELECT AND REMOVE THE DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

EXPLANATION: MEMBERS HAVE THE AUTHORITY TO AMEND AND/OR RESTATE THE CORPORATION'S ARTICLES OF INCORPORATION AND BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: PRIOR TO FILING, THE PRESIDENT OF JJCCF EMAILS A DRAFT COPY OF FORM 990 TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY FOR REVIEW AND DISCUSSION. AFTER THE FORM 990 IS FINALIZED AND FILED, A COPY IS PROVIDED TO THE ORGANIZATION'S MEMBERS/GOVERNING BODY.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: JESSICA JUNE CHILDREN'S CANCER FOUNDATION, INC. HAS A POLICY TO PROVIDE WITHIN A REASONABLE PERIOD OF TIME THE FEDERAL FORM 990 TO ANY PERSON OR ORGANIZATION THAT REQUESTS THEM WHETHER IN WRITING OR IN PERSON. IN ADDITION THE FEDERAL FROM 990 IS AVAILABLE ONLINE.

JESSICA JUNE CHILDREN'S CANCER FOUNDATION, INC.
EIN #: 13-4280980
FORM 990 PART III – LINE 1
DECEMBER 31, 2013

THE MISSION OF JESSICA JUNE CHILDREN'S CANCER FOUNDATION ("JJCCF") IS TO PROVIDE EMERGENCY FINANCIAL ASSISTANCE FOR CHILDREN FIGHTING CANCER AND THEIR FAMILIES TO ENSURE ACCESS TO BASIC HUMAN NECESSITIES. THE FOUNDATION ALSO ADVOCATES FOR AND RAISES AWARENESS OF CHILDHOOD CANCER

EXECUTING THE MISSION OF JJCCF REPRESENTS A "LIFELINE" FOR MANY UNDERSERVED CHILDREN AND FAMILY MEMBERS DURING THEIR PEDIATRIC CANCER JOURNEY. JJCCF IS VIRTUALLY ALONE IN SOUTH FLORIDA TRYING TO ASSIST THIS UNDERSERVED POPULATION AND UNDERFUNDED CAUSE. NO FAMILY SHOULD HAVE TO DEAL WITH SUCH DISTRESS AT THIS DREADFUL TIME IN THEIR LIFE WHEN THEIR MAIN CONCERN SHOULD BE SAVING THEIR CHILD'S LIFE

A DIAGNOSIS OF CHILDHOOD CANCER CREATES AN IMMEDIATE MEDICAL AND EMOTIONAL CRISIS WHILE ALSO CREATING A FINANCIAL CRISIS FOR MANY FAMILIES JJCCF IS COMMITTED TO PROVIDING EMERGENCY FINANCIAL RELIEF TO HELP FAMILIES ENDURING PEDIATRIC CANCER PAY FOR EVERYDAY NECESSITIES SUCH AS MEDICAL, UTILITIES, RENT, MORTGAGE, CAR, GAS AND GROCERIES. THIS DIRECT AND TANGIBLE TEMPORARY FINANCIAL ASSISTANCE RELIEVES CRISES, PROVIDES STABILIZATION, AND ULTIMATELY GIVES CHILDREN A BETTER CHANCES OF SURVIVAL.

AFTER A CHILD IS DIAGNOSED WITH CANCER, A PARENT MOST OFTEN HAS TO GIVE UP THEIR JOB AND SOURCE OF INCOME TO BECOME A FULLTIME CAREGIVER. WHILE IN TREATMENT, A CHILD IS CONTINUOUSLY IN AND OUT OF THE HOSPITAL, HAS A COMPROMISED IMMUNE SYSTEM AND MOST OFTEN HAS TO BE HOME SCHOOLED. ALTHOUGH THE FINANCIAL CRISIS IS TEMPORARY, IT REQUIRES IMMEDIATE ATTENTION SO THAT A CHILD HAS A BETTER CHANCE OF SURVIVING MANY OF THE CHILDREN WHO QUALIFY FOR OUR FINANCIAL ASSISTANCE PROGRAM COME FROM A SINGLE PARENT HOUSEHOLD AND THE CHILD/FAMILY HAS QUALIFIED FOR GOVERNMENT ASSISTANCE PROGRAMS SUCH AS MEDICAID AND SUPPLEMENTAL SECURITY INCOME. QUALIFYING FOR GOVERNMENT ASSISTANCE MEANS THE INCOME LEVEL OF THESE FAMILIES FALLS BELOW THE FEDERAL POVERTY THRESHOLD.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

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

- If you are filing for an **Automatic 3-Month Extension**, 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

Electronic filing (e-file) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for *Charities & Nonprofits*

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.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. JESSICA JUNE CHILDREN'S CANCER FOUNDATION, INC.	Employer identification number (EIN) or 13-4280980
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. 1600 SOUTH ANDREWS AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FORT LAUDERDALE, FL 33316-2510	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION - 1600 SOUTH ANDREWS AVENUE - FORT LAUDERDALE, FL 33316-2510

- The books are in the care of ▶ **LAUDERDALE, FL 33316-2510**
Telephone No. ▶ **954-712-6322** 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 is for _____

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2013** or
▶ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	\$	0.

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. JESSICA JUNE CHILDREN'S CANCER FOUNDATION, INC.	Employer identification number (EIN) or 13-4280980
	Number, street, and room or suite no. If a P O box, see instructions 1600 SOUTH ANDREWS AVENUE	Social security number (SSN)
File by the due date for filing your return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FORT LAUDERDALE, FL 33316-2510	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ORGANIZATION - 1600 SOUTH ANDREWS AVENUE - FORT

- The books are in the care of **LAUDERDALE, FL 33316-2510**
Telephone No **954-712-6322** 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 is for.
- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2014.**
- 5 For calendar year **2013**, or other tax year beginning _____, and ending _____.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension _____

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Maureen A. McSerty** Title **CPA** Date **7/24/14**