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Form **990-EZ**

Short Form
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)

OMB No 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

A For the 2009 calendar year, or tax year beginning , **2009**, and ending , **20**

B Check if applicable

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

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

C Name of organization, number and street, city, town, state, and ZIP code

BREAST CANCER ERADICATION
 INITIATIVE INC
 P O BOX 382886
 GERMANTOWN TN 38183-2886

D Employer identification number

62-1609633

E Telephone number

901-755-2301

F Group Exemption

Number ►

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

I Website: ► HTTP://PINKRIBBONOPEN.ORG

G Accounting method ☒ Cash ☐ Accrual
 Other (specify) ►

H Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) ☒ 501(c)(3) ◀ (insert no) 4947(a)(1) or 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000

A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 197,290.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	48,283.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	39.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ 2,283. of contributions reported on line 1)	6a	148,968.
	6b	Less direct expenses other than fundraising expenses	6b	79,052.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	69,916.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ►)	8		
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	118,238.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	133,500.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	10,000.
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	3,895.
	16	Other expenses (describe ►)	16	
17	Total expenses Add lines 10 through 16	17	147,395.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(29,157.)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	48,087.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	18,930.

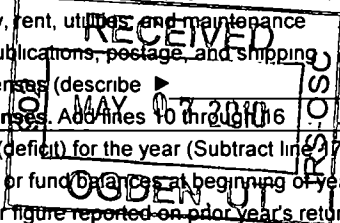
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	48,087.	22 18,930.
23 Land and buildings		23
24 Other assets (describe ►)		24
25 Total assets	48,087.	25 18,930.
26 Total liabilities (describe ►)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	48,087.	27 18,930.

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

SCANNED JUN 03 2010



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Part V Other Information (Note the statement requirements in the instructions for Part V)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b Did the organization file Form 1120-POL for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed		
42a The organization's books are in care of <u>KIRK MATTHEWS</u> Telephone no <u>901-355-4036</u> Located at <u>2301 KIMBROUGH WOODS TN GERMANTOWN</u> ZIP + 4 <u>38138</u>		
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 <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Form 990-EZ (2009)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section

501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46 - 49b and complete the tables for lines 50 and 51

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

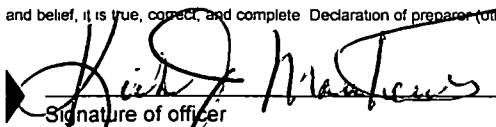
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶

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 KIRK MATTHEWS Type or print name and title		04/15/2010 Date TREASURER	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying no. (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4	04/15/2010		409-88-4643
	LAWRENCE G YOHANEK PC 744 CROSSOVER LANE MEMPHIS TN 38117			EIN ▶ 62-1320900 Phone no ▶ 901-685-5827

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

Form 990-EZ (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trusts.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

BREAST CANCER ERADICATION

Employer identification number

62-1609633

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☒ 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 exempt 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). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	

Total

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

Schedule A (Form 990 or 990-EZ) 2009

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	62785.	24300.	1350.	100940.	48283.	237658.
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	159386.	226226.	269314.	178001.	148968.	981895.
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	222171.	250526.	270664.	278941.	197251.	1219553.
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)						1219553.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	222171.	250526.	270664.	278941.	197251.	1219553.
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, & 12)						1219553.
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.00 %

19a 33 1/3 % support tests - 2009. 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 - 2008. 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 ☐

THE PRO (PINK RIBBON OPEN) 2009 Board Phone List

Name	Phone(s)	Address	E-Mail	Business address
Deborah Brasfield	754-7517(H) 632-7517(O, M)	8619 Pepper Bush Lane German town, TN 38139	dbrasfield@comcast.net	2095 Exeter #80-274 German town, TN 38138
Tom Dayton Marsha	754-3719 336-0219 (Tom cell) 483-1966 (Marsha cell)	8254 Blair Lane German town, TN 38139	t.dayton@bellsouth.net mdayton@crye-leike.com	
Kathy Degan	757-1509 (H) 277-7965 (M)	7965 Winding Creek Dr. German town, TN 38138	degwoman@aol.com	
Janet Griffith	755-2301 753-8914 (Fax) 827-9234 (M)	2485 Regents Walk German town, TN 38138	jebg43@hotmail.com	
Mike Griffith	755-2301	2485 Regents Walk German town, TN 38138	mgriffi2@bellsouth.net	
Mike Harless	754-9024 (H) 619-7855 (M)	2309 Sleepy Hollow Ln. German town, Tn. 38138	Mkharless@bellsouth.net	
Dave Klevan	754-8171(H) 766-1950(O) 355-3030(M) 821-7432(Fax)	2965 Poplar Grove Lane German town, TN 38139	Klevan@bellsouth.net	Corporate Benefit Management Group 5100 Poplar Ave, suite 2755 Memphis, TN 38137
Joan Matthews	755-3992 (H) 373-5051 (W) 496-6403 (M)	2301 Kimbrough Woods Place German town, TN 38139	joanmat23@hotmail.com	
Kirk Matthews	755-3992 (H) 752-5910(F) 752-5908 (O) 355-4036 (M)	2301 Kimbrough Woods Place German town, TN 38139	Kirkmathevs@hotmail.com Kirk.Matthews@atamro.aero	
Cynthia Rahme	853-3422(H) 292-5397(M)	2006 Dogwood Garden German town, TN 38139	Crahme1@aol.com	
Bill West Jr.	369-2641(O) 490-8211(M)	1770 Dickens CV German town, TN 38139	wtwest@fedex.com	2955 Republican Dr. Memphis, TN 38118

Mary Rocha 9420 Grove View CV. 38139 752-1482, 485-2502 (M) yman1313@bellsouth.net 1-30-08 updated

PRO Office
309-8277 309-8701 (Fax) ThePinkRibbonPRO@aol.com P.O. Box 382886
German town, TN 38138-2886

Grants and Similar Amounts Paid**US 990-EZ****990-EZ: Page 1, Line 10****2009**

Class of activity	RESEARCH	
Donee's name	BAPTIST HEALTH CARE FOUNDATION	
Donee,s address	350 N HUMPHREYS 38120 TN MEMPHIS	
Relationship	NONE	
FMV		36,000.
Book value		36,000.
Date of gift		10/2009

Grants and Similar Amounts Paid**US 990-EZ****990-EZ: Page 1, Line 10****2009**

Class of activity	RESEARCH	
Donee's name	GERMANTOWN CANCER FOUNDATION	
Donee,s address	7710 WOLF RIVER 38138 TN GERMANTOWN	
Relationship	NONE	
FMV		15,000.
Book value		15,000.
Date of gift		10/2009

Grants and Similar Amounts Paid**US 990-EZ****990-EZ: Page 1, Line 10****2009**

Class of activity	RESEARCH	
Donee's name	WINGS CANCER FOUNDATION	
Donee's address	100 N HUMPHREYS 38120 TN MEMPHIS	
Relationship	NONE	
FMV		25,000.
Book value		25,000.
Date of gift		10/2009

Grants and Similar Amounts Paid**US 990-EZ****990-EZ: Page 1, Line 10****2009**

Class of activity	RESEARCH	
Donee's name	JULIE BAIER FOUNDATION	
Donee,s address	6005 PARK	38119 TN MEMPHIS
Relationship	NONE	
FMV		27,000.
Book value		27,000.
Date of gift		10/2009

Grants and Similar Amounts Paid**US 990-EZ****990-EZ: Page 1, Line 10****2009**

Class of activity	RESEARCH	
Donee's name	CARIN & SHARIN SUPPORT GROUP	
Donee,s address	8801 DEXTER 38018 TN CORDOVA	
Relationship	NONE	
FMV		15,000.
Book value		15,000.
Date of gift		10/2009

Grants and Similar Amounts Paid

US 990-EZ

990-EZ: Page 1, Line 10

2009

Class of activity	RESEARCH	
Donee's name	OTHERS	
Donee,s address		
Relationship	NONE	
FMV		15,500.
Book value		15,500.
Date of gift		10/2009