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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)

OMB No 1545-0047

**2009**Open to Public  
Inspection

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

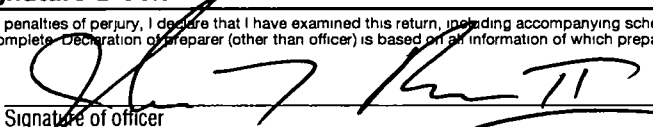
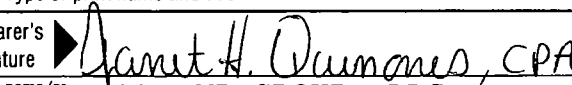
**A** For the **2009** calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

|                                                                                                                                                                                                                                                                                               |                                                                         |                                                                                                                        |                                                                                                                                                                                                                                                                                                                  |                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type:<br><br>See Specific Instructions | <b>C</b> Name of organization<br><b>NATIONAL BREAST CANCER FOUNDATION, INC.</b>                                        |                                                                                                                                                                                                                                                                                                                  | <b>D</b> Employer identification number<br><b>75-2391148</b> |
|                                                                                                                                                                                                                                                                                               |                                                                         | Doing Business As                                                                                                      |                                                                                                                                                                                                                                                                                                                  | <b>E</b> Telephone number<br><b>(972) 248-9200</b>           |
|                                                                                                                                                                                                                                                                                               |                                                                         | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>2600 NETWORK BLVD. 300</b> | <b>G</b> Gross receipts \$ <b>11,079,848.</b>                                                                                                                                                                                                                                                                    |                                                              |
|                                                                                                                                                                                                                                                                                               |                                                                         | City or town, state or country, and ZIP + 4<br><b>FRISCO, TX 75034</b>                                                 | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions)<br><b>H(c)</b> Group exemption number ▶ |                                                              |
| <b>F</b> Name and address of principal officer<br><b>SAME AS C ABOVE</b>                                                                                                                                                                                                                      |                                                                         |                                                                                                                        |                                                                                                                                                                                                                                                                                                                  |                                                              |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                                                                 |                                                                         |                                                                                                                        |                                                                                                                                                                                                                                                                                                                  |                                                              |
| <b>J</b> Website: ▶ <b>WWW.NBCF.ORG</b>                                                                                                                                                                                                                                                       |                                                                         |                                                                                                                        |                                                                                                                                                                                                                                                                                                                  |                                                              |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶                                                                                                           |                                                                         |                                                                                                                        |                                                                                                                                                                                                                                                                                                                  |                                                              |
| <b>L</b> Year of formation: <b>1991</b> <b>M</b> State of legal domicile: <b>TX</b>                                                                                                                                                                                                           |                                                                         |                                                                                                                        |                                                                                                                                                                                                                                                                                                                  |                                                              |

**Part I Summary**

|                         |                             |                                                                                                                                                                                                 |                                                                                   |                           |              |
|-------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------|--------------|
| Activities & Governance | 1                           | Briefly describe the organization's mission or most significant activities <b>TO SAVE LIVES BY EARLY DETECTION &amp; AWARENESS OF BREAST CANCER &amp; PROVIDE MAMMOGRAMS FOR THOSE IN NEED.</b> |                                                                                   |                           |              |
|                         | 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                                                                                 | 3                         |              |
|                         | 5                           | Total number of employees (Part V, line 2a)                                                                                                                                                     | 5                                                                                 | 17                        |              |
|                         | 6                           | Total number of volunteers (estimate if necessary)                                                                                                                                              | 6                                                                                 | 5                         |              |
|                         | 7a                          | Total gross unrelated business revenue from Part VIII, column (C), line 12                                                                                                                      | 7a                                                                                | 0.                        |              |
|                         | b                           | Net unrelated business taxable income from Form 990, line 34                                                                                                                                    | 7b                                                                                | 0.                        |              |
|                         | Revenue                     | 8                                                                                                                                                                                               | Contributions and grants (Part VIII, line 1h)                                     | Prior Year                | Current Year |
|                         |                             | 9                                                                                                                                                                                               | Program service revenue (Part VIII, line 2g)                                      | 8,886,741.                | 10,003,856.  |
| 10                      |                             | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                                   | <779,486.>                                                                        | 50,000.                   |              |
| 11                      |                             | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                        | 208.                                                                              |                           |              |
| 12                      |                             | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                              | 8,107,463.                                                                        | 10,053,856.               |              |
| Expenses                |                             | 13                                                                                                                                                                                              | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                  | 2,335,061.                | 2,033,930.   |
|                         |                             | 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) | 1,384,418.                | 1,627,474.   |
|                         |                             | 16a                                                                                                                                                                                             | Professional fundraising fees (Part IX, column (A), line 11e)                     |                           |              |
|                         |                             | b                                                                                                                                                                                               | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,047,086.</b>     |                           |              |
|                         | 17                          | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)                                                                                                                                    | 3,258,652.                                                                        | 4,471,982.                |              |
|                         | 18                          | Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                                                      | 6,978,131.                                                                        | 8,133,386.                |              |
|                         | 19                          | Revenue less expenses - Subtract line 18 from line 12                                                                                                                                           | 1,129,332.                                                                        | 1,920,470.                |              |
|                         | Net Assets or Fund Balances | 20                                                                                                                                                                                              | Total assets (Part X, line 16)                                                    | Beginning of Current Year | End of Year  |
|                         |                             | 21                                                                                                                                                                                              | Total liabilities (Part X, line 26)                                               | 5,723,002.                | 7,722,136.   |
| 22                      |                             | Net assets or fund balances - Subtract line 21 from line 20                                                                                                                                     | 104,874.                                                                          | 105,723.                  |              |
|                         |                             |                                                                                                                                                                                                 | 5,618,128.                                                                        | 7,616,413.                |              |

**Part II Signature Block**

|                          |                                                                                                                                                                                                                                                                                                                       |                             |                                                 |                                                  |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------------|--------------------------------------------------|
| 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<br><br><b>John T. Rerice II, CFO</b>                                                                                                                                                                          | Date<br><b>11/15/10</b>     |                                                 |                                                  |
| Paid Preparer's Use Only | Preparer's signature<br><br><b>Janet H. Quimones, CPA</b>                                                                                                                                                                          | Date<br><b>11/12/10</b>     | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (see instructions) |
|                          | Firm's name (or yours if self-employed), address, and ZIP + 4<br><b>THE MB GROUP, LLC</b><br><b>5072 W PLANO PARKWAY, SUITE 150</b><br><b>PLANO, TEXAS 75093</b>                                                                                                                                                      | EIN ▶<br><b>46-865-1040</b> |                                                 |                                                  |

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:

**BREAST CANCER EDUCATION AND FUNDING FREE MAMMOGRAMS FOR  
UNDERSERVED/UNINSURED WOMEN.**

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 2,147,233. including grants of \$ 1,477,000. ) (Revenue \$ 0. )  
**FUNDING OF MAMMOGRAPHY PROGRAMS IN AUTHORIZED FACILITIES NATIONALLY  
 WITH A CONCENTRATED EFFORT TO REACH UNDERSERVED/UNINSURED WOMEN AND TO  
 INCREASE EARLY DETECTION OF BREAST CANCER IN THIS AT RISK GROUP BASED  
 ON AN ACTUAL COUNT OF 20,000 FREE MAMMOGRAMS AND PATIENT NAVIGATION  
 PROGRAMS.**

4b (Code: ) (Expenses \$ 3,474,572. including grants of \$ 0. ) (Revenue \$ 0. )  
**DESIGNED AND DELIVERED EDUCATIONAL MATERIALS UTILIZED BY OVER 6,500,000  
 BREAST CANCER PATIENTS AND SUPPORTERS NATIONALLY AND INTERNATIONALLY,  
 INCLUDING EDUCATIONAL MATERIALS ON NBCF.ORG, BEYOND THE SHOCK  
 EDUCATIONAL PROGRAM, BREAST CANCER EDUCATION BROCHURES, AND MEDIA  
 PRESENTATIONS.**

4c (Code: ) (Expenses \$ 716,685. including grants of \$ 556,930. ) (Revenue \$ 0. )  
**FUNDED BREAST CANCER RESEARCH INITIATIVES FOCUSED ON EARLY DETECTION,  
 TREATMENT OR CURE OF BREAST CANCER.**

4d Other program services (Describe in Schedule O)

(Expenses \$ 222,934. including grants of \$ 0. ) (Revenue \$ 0. )

4e Total program service expenses ► \$ 6,561,424.

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes                 | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1</b> X          |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>2</b> X          |    |
| <b>3</b> 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3</b>            | X  |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4</b>            | X  |
| <b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>5</b>            |    |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>6</b>            | X  |
| <b>7</b> 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>7</b>            | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>8</b>            | X  |
| <b>9</b> Did the organization report an amount in Part X, line 21, 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>9</b>            | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>10</b>           | X  |
| <b>11</b> Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>11</b> X         |    |
| <ul style="list-style-type: none"> <li>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></li> <li>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></li> <li>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></li> <li>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></li> <li>Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i></li> <li>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? <i>If "Yes," complete Schedule D, Part X.</i></li> </ul> | <b>12</b> X         |    |
| <b>12A</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>12A</b> Yes No X |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>13</b>           | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>14a</b>          | X  |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>14b</b> X        |    |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>15</b> X         |    |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>16</b>           | X  |
| <b>17</b> 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>17</b>           | X  |
| <b>18</b> 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>18</b>           | X  |
| <b>19</b> 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>19</b>           | X  |
| <b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>20</b>           | X  |

**Part IV Checklist of Required Schedules** (continued)

|                                                                                                                                                                                                                                                                                                 | Yes      | No       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>                                                               | <b>X</b> |          |
| <b>22</b> Did the organization report more than \$5,000 of grants and 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>                                                                                |          | <b>X</b> |
| <b>23</b> 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>                           | <b>X</b> |          |
| <b>24a</b> 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 25</i> |          | <b>X</b> |
| <b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                                                    |          |          |
| <b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?                                                                                                                                           |          |          |
| <b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                                                                              |          |          |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>                                                                          |          | <b>X</b> |
| <b>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>           |          | <b>X</b> |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>                                         |          | <b>X</b> |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>                 |          | <b>X</b> |
| <b>28</b> 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)                                                                                         |          |          |
| <b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>                                                                                                                                                                       |          | <b>X</b> |
| <b>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>                                                                                                                                                    |          | <b>X</b> |
| <b>28c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>                                            |          | <b>X</b> |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>                                                                                                                                                                       | <b>X</b> |          |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>                                                                                                       |          | <b>X</b> |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i>                                                                                                                                                          |          | <b>X</b> |
| <b>32</b> 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>                                                                                                                                           |          | <b>X</b> |
| <b>33</b> 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>                                                                                           |          | <b>X</b> |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity?<br><i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>                                                                                                                                           |          | <b>X</b> |
| <b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?<br><i>If "Yes," complete Schedule R, Part V, line 2</i>                                                                                                                                     |          | <b>X</b> |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?<br><i>If "Yes," complete Schedule R, Part V, line 2</i>                                                                                             |          | <b>X</b> |
| <b>37</b> 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>                                                  |          | <b>X</b> |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O.                                                                                                | <b>X</b> |          |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

|            |                                                                                                                                                                                                                                                                              | Yes | No |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable                                                                                                                                       |     |    |
| <b>1b</b>  | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable                                                                                                                                                                                               |     |    |
| <b>1c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                                     |     |    |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return                                                                                                |     |    |
| <b>2b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)                               | X   |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?                                                                                                                                                         |     | X  |
| <b>3b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O                                                                                                                                                                             |     |    |
| <b>4a</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)?                                   |     | X  |
| <b>4b</b>  | If "Yes," enter the name of the foreign country<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts                                                                                          |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                        |     | X  |
| <b>5b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                             |     | X  |
| <b>5c</b>  | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?                                                                                                                             |     |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?                                                                                                  |     | X  |
| <b>6b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                                |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                         |     |    |
| <b>7a</b>  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                                                              |     | X  |
| <b>7b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                              |     |    |
| <b>7c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                         |     | X  |
| <b>7d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                                                                                            |     |    |
| <b>7e</b>  | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                            |     | X  |
| <b>7f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                 |     | X  |
| <b>7g</b>  | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                                                   |     |    |
| <b>7h</b>  | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?                                                                                                                                                        |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |     |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                             |     |    |
| <b>9a</b>  | Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                                      |     |    |
| <b>9b</b>  | Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                       |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter                                                                                                                                                                                                                                |     |    |
| <b>10a</b> | Initiation fees and capital contributions included on Part VIII, line 12                                                                                                                                                                                                     |     |    |
| <b>10b</b> | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                                                  |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                                                               |     |    |
| <b>11a</b> | Gross income from members or shareholders                                                                                                                                                                                                                                    |     |    |
| <b>11b</b> | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)                                                                                                                                                  |     |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                            |     |    |
| <b>12b</b> | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                                                        |     |    |

**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.**Section A. Governing Body and Management**

|                                                                                                                                                                                                                              | Yes      | No       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1a</b> Enter the number of voting members of the governing body                                                                                                                                                           |          |          |
| <b>1b</b> Enter the number of voting members that are independent                                                                                                                                                            |          |          |
| <b>2</b> 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?                                               | <b>X</b> |          |
| <b>3</b> 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? |          | <b>X</b> |
| <b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?                                                                                               |          | <b>X</b> |
| <b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?                                                                                                             |          | <b>X</b> |
| <b>6</b> Does the organization have members or stockholders?                                                                                                                                                                 |          | <b>X</b> |
| <b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?                                                                                        |          | <b>X</b> |
| <b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?                                                                                                            |          | <b>X</b> |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                   |          |          |
| <b>a</b> The governing body?                                                                                                                                                                                                 | <b>X</b> |          |
| <b>b</b> Each committee with authority to act on behalf of the governing body?                                                                                                                                               | <b>X</b> |          |
| <b>9</b> 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        |          | <b>X</b> |

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

|                                                                                                                                                                                                                                                                                                         | Yes      | No       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>10a</b> Does the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                          |          | <b>X</b> |
| <b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?                                                                             |          |          |
| <b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                            | <b>X</b> |          |
| <b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990                                                                                                                                                                                                 |          |          |
| <b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                     | <b>X</b> |          |
| <b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                              | <b>X</b> |          |
| <b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done                                                                                                                                             | <b>X</b> |          |
| <b>13</b> Does the organization have a written whistleblower policy?                                                                                                                                                                                                                                    | <b>X</b> |          |
| <b>14</b> Does the organization have a written document retention and destruction policy?                                                                                                                                                                                                               | <b>X</b> |          |
| <b>15</b> 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?                                                                          |          |          |
| <b>a</b> The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                         | <b>X</b> |          |
| <b>b</b> Other officers or key employees of the organization                                                                                                                                                                                                                                            | <b>X</b> |          |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)                                                                                                                                                                                                                     |          |          |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                        |          | <b>X</b> |
| <b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 **NONE**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☒ Own website    ☒ Another's website    ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization **▶**  
**JO ANN TIMBERLAKE, CONTROLLER - 972-248-9200**  
**2600 NETWORK BLVD., STE. 300, FRISCO, TX 75034**





## Part VII

|          |   |          |    |          |
|----------|---|----------|----|----------|
| 1b Total | ▶ | 375,144. | 0. | 123,385. |
|----------|---|----------|----|----------|

2

## Section B. Independent Contractors

|   |                                                                                                                                                                  |   |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 2 | Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization | 2 |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|

**Part VIII Statement of Revenue**

|                                                           |                                         |                                                                                                                                  |                                                             | (A)<br>Total revenue                         | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |  |
|-----------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------|-------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------|--|
| Contributions, gifts, grants<br>and other similar amounts | 1 a                                     | Federated campaigns                                                                                                              | 1a                                                          | 102,405.                                     |                                                 |                                         |                                                                              |  |
|                                                           | b                                       | Membership dues                                                                                                                  | 1b                                                          |                                              |                                                 |                                         |                                                                              |  |
|                                                           | c                                       | Fundraising events                                                                                                               | 1c                                                          |                                              |                                                 |                                         |                                                                              |  |
|                                                           | d                                       | Related organizations                                                                                                            | 1d                                                          |                                              |                                                 |                                         |                                                                              |  |
|                                                           | e                                       | Government grants (contributions)                                                                                                | 1e                                                          |                                              |                                                 |                                         |                                                                              |  |
|                                                           | f                                       | All other contributions, gifts, grants, and<br>similar amounts not included above                                                | 1f                                                          | 9901451.                                     |                                                 |                                         |                                                                              |  |
|                                                           | g                                       | Noncash contributions included in lines 1a-1f \$                                                                                 |                                                             | 1715952.                                     |                                                 |                                         |                                                                              |  |
|                                                           | h                                       | <b>Total.</b> Add lines 1a-1f                                                                                                    |                                                             | 10,003,856.                                  |                                                 |                                         |                                                                              |  |
| Program Service<br>Revenue                                |                                         |                                                                                                                                  | Business Code                                               |                                              |                                                 |                                         |                                                                              |  |
|                                                           | 2 a                                     |                                                                                                                                  |                                                             |                                              |                                                 |                                         |                                                                              |  |
|                                                           | b                                       |                                                                                                                                  |                                                             |                                              |                                                 |                                         |                                                                              |  |
|                                                           | c                                       |                                                                                                                                  |                                                             |                                              |                                                 |                                         |                                                                              |  |
|                                                           | d                                       |                                                                                                                                  |                                                             |                                              |                                                 |                                         |                                                                              |  |
|                                                           | e                                       |                                                                                                                                  |                                                             |                                              |                                                 |                                         |                                                                              |  |
|                                                           | f                                       | All other program service revenue                                                                                                |                                                             |                                              |                                                 |                                         |                                                                              |  |
|                                                           | g                                       | <b>Total.</b> Add lines 2a-2f                                                                                                    |                                                             |                                              |                                                 |                                         |                                                                              |  |
| Other Revenue                                             | 3                                       | Investment income (including dividends, interest, and<br>other similar amounts)                                                  |                                                             | 79,437.                                      | 79,437.                                         |                                         |                                                                              |  |
|                                                           | 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<br>assets other than inventory                                                                        | (i) Securities                                              | (ii) Other                                   |                                                 |                                         |                                                                              |  |
|                                                           |                                         | b                                                                                                                                | Less cost or other basis<br>and sales expenses              |                                              |                                                 |                                         |                                                                              |  |
|                                                           |                                         | c                                                                                                                                | Gain or (loss)                                              |                                              |                                                 |                                         |                                                                              |  |
|                                                           |                                         | d                                                                                                                                | Net gain or (loss)                                          |                                              |                                                 |                                         |                                                                              |  |
|                                                           | 8 a                                     | Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c) See<br>Part IV, line 18 | a                                                           |                                              |                                                 |                                         |                                                                              |  |
|                                                           |                                         | b                                                                                                                                | Less direct expenses                                        | b                                            |                                                 |                                         |                                                                              |  |
|                                                           |                                         | c                                                                                                                                | Net income or (loss) from fundraising events                |                                              |                                                 |                                         |                                                                              |  |
|                                                           |                                         | 9 a                                                                                                                              | Gross income from gaming activities See<br>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<br>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                                                                                                                             |                                                             |                                              |                                                 |                                         |                                                                              |  |
| b                                                         |                                         |                                                                                                                                  |                                                             |                                              |                                                 |                                         |                                                                              |  |
| c                                                         |                                         |                                                                                                                                  |                                                             |                                              |                                                 |                                         |                                                                              |  |
| d                                                         |                                         | All other revenue                                                                                                                |                                                             |                                              |                                                 |                                         |                                                                              |  |
| e                                                         | <b>Total.</b> Add lines 11a-11d         |                                                                                                                                  |                                                             |                                              |                                                 |                                         |                                                                              |  |
| 12                                                        | <b>Total revenue.</b> See instructions. |                                                                                                                                  |                                                             | 10,053,856.                                  | 50,000.                                         | 0.                                      | 0.                                                                           |  |

**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) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                                                     | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21                                                                                                                                    | 1,972,000.            | 1,972,000.                      |                                        |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22                                                                                                                                                      |                       |                                 |                                        |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16                                                                                                         | 61,930.               | 61,930.                         |                                        |                             |
| 4 Benefits paid to or for members                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| 5 Compensation of current officers, directors, trustees, and key employees                                                                                                                                                         | 441,620.              | 358,425.                        | 39,455.                                | 43,740.                     |
| 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                                                                                                                                                                                                         | 688,541.              | 292,716.                        | 189,883.                               | 205,942.                    |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)                                                                                                                                    | 240,776.              | 134,532.                        | 50,330.                                | 55,914.                     |
| 9 Other employee benefits                                                                                                                                                                                                          | 172,280.              | 89,984.                         | 36,332.                                | 45,964.                     |
| 10 Payroll taxes                                                                                                                                                                                                                   | 84,257.               | 46,758.                         | 17,696.                                | 19,803.                     |
| 11 Fees for services (non-employees)                                                                                                                                                                                               |                       |                                 |                                        |                             |
| a Management                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| b Legal                                                                                                                                                                                                                            | 15,795.               | 5,418.                          | 2,738.                                 | 7,639.                      |
| c Accounting                                                                                                                                                                                                                       | 14,669.               | 7,528.                          | 4,764.                                 | 2,377.                      |
| d Lobbying                                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| e Professional fundraising services. See Part IV, line 17                                                                                                                                                                          |                       |                                 |                                        |                             |
| f Investment management fees                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| g Other                                                                                                                                                                                                                            | 89,215.               | 42,329.                         | 8,188.                                 | 38,698.                     |
| 12 Advertising and promotion                                                                                                                                                                                                       | 398,641.              | 4,029.                          | 12,482.                                | 382,130.                    |
| 13 Office expenses                                                                                                                                                                                                                 | 151,625.              | 64,740.                         | 36,183.                                | 50,702.                     |
| 14 Information technology                                                                                                                                                                                                          | 266,585.              | 213,384.                        | 21,717.                                | 31,484.                     |
| 15 Royalties                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| 16 Occupancy                                                                                                                                                                                                                       | 252,647.              | 146,868.                        | 55,354.                                | 50,425.                     |
| 17 Travel                                                                                                                                                                                                                          | 195,955.              | 145,250.                        | 11,967.                                | 38,738.                     |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                                  |                       |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings                                                                                                                                                                                          | 23,627.               | 14,761.                         | 3,837.                                 | 5,029.                      |
| 20 Interest                                                                                                                                                                                                                        | 1,922.                | 653.                            | 635.                                   | 634.                        |
| 21 Payments to affiliates                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization                                                                                                                                                                                       | 159,157.              | 104,878.                        | 22,838.                                | 31,441.                     |
| 23 Insurance                                                                                                                                                                                                                       | 31,058.               | 22,680.                         | 4,625.                                 | 3,753.                      |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)                                                           |                       |                                 |                                        |                             |
| a <u>EDUCATIONAL PROGRAMS/MA</u>                                                                                                                                                                                                   | 1,468,642.            | 1,468,642.                      |                                        |                             |
| b <u>EDUCATION EXPENSE</u>                                                                                                                                                                                                         | 1,357,324.            | 1,357,324.                      |                                        |                             |
| c <u>AWARDS/RECOGNITION</u>                                                                                                                                                                                                        | 16,163.               |                                 |                                        | 16,163.                     |
| d <u>CONTRACT LABOR</u>                                                                                                                                                                                                            | 15,137.               | 5,258.                          | 4,561.                                 | 5,318.                      |
| e <u>LICENSES/MEMBERSHIP FEE</u>                                                                                                                                                                                                   | 13,820.               | 1,337.                          | 1,291.                                 | 11,192.                     |
| f All other expenses                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| 25 <b>Total functional expenses</b> Add lines 1 through 24f                                                                                                                                                                        | 8,133,386.            | 6,561,424.                      | 524,876.                               | 1,047,086.                  |
| 26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                                 |                                        |                             |

**Part X Balance Sheet**

|                                                                     |                                                                                                                                                                        | (A)<br>Beginning of year |              | (B)<br>End of year |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------|--------------------|
| <b>Assets</b>                                                       | 1 Cash - non-interest-bearing                                                                                                                                          | 1,903,389.               | 1            | 187,853.           |
|                                                                     | 2 Savings and temporary cash investments                                                                                                                               | 937,368.                 | 2            | 357,106.           |
|                                                                     | 3 Pledges and grants receivable, net                                                                                                                                   | 1,654,243.               | 3            | 1,617,208.         |
|                                                                     | 4 Accounts receivable, net                                                                                                                                             |                          | 4            |                    |
|                                                                     | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L                   |                          | 5            |                    |
|                                                                     | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L      |                          | 6            |                    |
|                                                                     | 7 Notes and loans receivable, net                                                                                                                                      |                          | 7            |                    |
|                                                                     | 8 Inventories for sale or use                                                                                                                                          | 5,391.                   | 8            | 797.               |
|                                                                     | 9 Prepaid expenses and deferred charges                                                                                                                                |                          | 9            |                    |
|                                                                     | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D                                                                                  | 10a 809,164.             |              |                    |
|                                                                     | b Less accumulated depreciation                                                                                                                                        | 10b 474,898.             | 10c 334,266. |                    |
|                                                                     | 11 Investments - publicly traded securities                                                                                                                            | 659,679.                 | 11           |                    |
|                                                                     | 12 Investments - other securities See Part IV, line 11                                                                                                                 |                          | 12           | 5,065,315.         |
|                                                                     | 13 Investments - program-related See Part IV, line 11                                                                                                                  |                          | 13           |                    |
|                                                                     | 14 Intangible assets                                                                                                                                                   |                          | 14           |                    |
|                                                                     | 15 Other assets See Part IV, line 11                                                                                                                                   | 88,911.                  | 15           | 159,591.           |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) | 5,723,002.                                                                                                                                                             | 16                       | 7,722,136.   |                    |
| <b>Liabilities</b>                                                  | 17 Accounts payable and accrued expenses                                                                                                                               | 11,611.                  | 17           | 62,213.            |
|                                                                     | 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 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                                                                                                      | 26,063.                  | 23           |                    |
|                                                                     | 24 Unsecured notes and loans payable to unrelated third parties                                                                                                        |                          | 24           |                    |
|                                                                     | 25 Other liabilities Complete Part X of Schedule D                                                                                                                     | 67,200.                  | 25           | 43,510.            |
|                                                                     | 26 <b>Total liabilities.</b> Add lines 17 through 25                                                                                                                   | 104,874.                 | 26           | 105,723.           |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>                       |                          |              |                    |
|                                                                     | 27 Unrestricted net assets                                                                                                                                             | 5,618,128.               | 27           | 7,616,413.         |
|                                                                     | 28 Temporarily restricted net assets                                                                                                                                   |                          | 28           |                    |
|                                                                     | 29 Permanently restricted net assets                                                                                                                                   |                          | 29           |                    |
|                                                                     | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>                                                |                          |              |                    |
|                                                                     | 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 <b>Total net assets or fund balances</b>                                                                                                                            | 5,618,128.               | 33           | 7,616,413.         |
|                                                                     | 34 <b>Total liabilities and net assets/fund balances</b>                                                                                                               | 5,723,002.               | 34           | 7,722,136.         |

Form 990 (2009)

**Part XI Financial Statements and Reporting**

|                                                                                                                                                                                                                                                                                                                                                               | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O                                                                   |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?                                                                                                                                                                                                                                                     |     | X  |
| <b>2b</b> Were the organization's financial statements audited by an independent accountant?                                                                                                                                                                                                                                                                  | X   |    |
| <b>c</b> 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | X   |    |
| <b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                  |     |    |
| <b>3a</b> 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>3b</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 (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 trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**NATIONAL BREAST CANCER FOUNDATION, INC.**

Employer identification number

**75-2391148**

**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?
- h Provide the following information about the supported organization(s)

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

| (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 |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
| <b>Total</b>                       |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |

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

Schedule A (Form 990 or 990-EZ) 2009

**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.)

**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.")                                                                                                   | 3,935,605. | 5,281,436. | 7,141,274. | 8,225,984. | 8,287,900. | 32,872,199. |
| 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 <b>Total.</b> Add lines 1 through 3                                                                                                                                                                 | 3,935,605. | 5,281,436. | 7,141,274. | 8,225,984. | 8,287,900. | 32,872,199. |
| 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) |            |            |            |            |            | 1,148,959.  |
| 6 <b>Public support.</b> Subtract line 5 from line 4                                                                                                                                                  |            |            |            |            |            | 31,723,240. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                             | (a) 2005   | (b) 2006   | (c) 2007   | (d) 2008   | (e) 2009   | (f) Total   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|-------------|
| 7 Amounts from line 4                                                                                                                                                                                                     | 3,935,605. | 5,281,436. | 7,141,274. | 8,225,984. | 8,287,900. | 32,872,199. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                          | 78,863.    | 99,946.    | 112,484.   | 71,740.    | 79,437.    | 442,470.    |
| 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.)                                                                                                                        | 797.       | 24,559.    | 818.       | 208.       |            | 26,382.     |
| 11 <b>Total support.</b> Add lines 7 through 10                                                                                                                                                                           |            |            |            |            |            | 33,341,051. |
| 12 Gross receipts from related activities, etc. (see instructions)                                                                                                                                                        |            |            |            |            | 12         |             |
| 13 <b>First five years.</b> 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 <b>stop here</b> ► <input type="checkbox"/> |            |            |            |            |            |             |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |       |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|---|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                                                | 14 | 95.15 | % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                                                      | 15 | 92.05 | % |
| 16a <b>33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>                                                                                                                                                                 |    |       |   |
| b <b>33 1/3% support test - 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>                                                                                                                                                                         |    |       |   |
| 17a <b>10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> 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 <b>10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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"/>                                                                                                                                                                                                                                                                  |    |       |   |

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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| <b>b</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           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6)                                                                                                                            |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                             | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6                                                                                                                                                                                              |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                 |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                                                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b                                                                                                                                                                                            |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                                                                     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                                                                 |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12)                                                                                                                                                                    |          |          |          |          |          |           |
| <b>14 First five years.</b> 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 <b>stop here</b> ► <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                  |           |   |
|--------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | % |
| <b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                       |           |   |
|-------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17                        | <b>18</b> | % |

**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 ► ☐



**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**NATIONAL BREAST CANCER FOUNDATION, INC.**

Employer identification number

**75-2391148**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

|                                                                                                                                                                                                                                                                       | (a) Donor advised funds | (b) Funds and other accounts                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------|
| 1 Total number at end of year                                                                                                                                                                                                                                         |                         |                                                          |
| 2 Aggregate contributions to (during year)                                                                                                                                                                                                                            |                         |                                                          |
| 3 Aggregate grants from (during year)                                                                                                                                                                                                                                 |                         |                                                          |
| 4 Aggregate value at end of year                                                                                                                                                                                                                                      |                         |                                                          |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?                                                            |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

|                                                                                             |                                                                              |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                      | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> Preservation of open space                                         |                                                                              |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

|                                                                                      | Held at the End of the Tax Year |
|--------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements                                             | 2a                              |
| b Total acreage restricted by conservation easements                                 | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06            | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

|                                                      |            |
|------------------------------------------------------|------------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| (ii) Assets included in Form 990, Part X             | ▶ \$ _____ |

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

|                                                    |            |
|----------------------------------------------------|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X              | ▶ \$ _____ |

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

|                                                  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ► \_\_\_\_\_ %  
 b Permanent endowment ► \_\_\_\_\_ %  
 c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations  
 (ii) related organizations

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10

| Description of investment                                                                                | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|----------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                                                                                                  |                                      |                                 |                              |                |
| b Buildings                                                                                              |                                      |                                 |                              |                |
| c Leasehold improvements                                                                                 | 234,426.                             |                                 | 146,140.                     | 88,286.        |
| d Equipment                                                                                              | 425,988.                             |                                 | 265,425.                     | 160,563.       |
| e Other                                                                                                  | 148,750.                             |                                 | 63,333.                      | 85,417.        |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 334,266.       |



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

|    |                                                                                         |    |             |
|----|-----------------------------------------------------------------------------------------|----|-------------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                | 1  | 10,053,856. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                 | 2  | 8,133,386.  |
| 3  | Excess or (deficit) for the year Subtract line 2 from line 1                            | 3  | 1,920,470.  |
| 4  | Net unrealized gains (losses) on investments                                            | 4  | 77,815.     |
| 5  | Donated services and use of facilities                                                  | 5  |             |
| 6  | Investment expenses                                                                     | 6  |             |
| 7  | Prior period adjustments                                                                | 7  |             |
| 8  | Other (Describe in Part XIV)                                                            | 8  |             |
| 9  | Total adjustments (net) Add lines 4 through 8                                           | 9  | 77,815.     |
| 10 | Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 | 10 | 1,998,285.  |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |                                                                               |    |             |
|---|-------------------------------------------------------------------------------|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements      | 1  | 10,146,029. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12            |    |             |
| a | Net unrealized gains on investments                                           | 2a | 77,815.     |
| b | Donated services and use of facilities                                        | 2b |             |
| c | Recoveries of prior year grants                                               | 2c |             |
| d | Other (Describe in Part XIV)                                                  | 2d |             |
| e | Add lines 2a through 2d                                                       | 2e | 77,815.     |
| 3 | Subtract line 2e from line 1                                                  | 3  | 10,068,214. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1           |    |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b              | 4a |             |
| b | Other (Describe in Part XIV)                                                  | 4b | <14,358.>   |
| c | Add lines 4a and 4b                                                           | 4c | <14,358.>   |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5  | 10,053,856. |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |                                                                                |    |            |
|---|--------------------------------------------------------------------------------|----|------------|
| 1 | Total expenses and losses per audited financial statements                     | 1  | 8,147,744. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25               |    |            |
| a | Donated services and use of facilities                                         | 2a |            |
| b | Prior year adjustments                                                         | 2b |            |
| c | Other losses                                                                   | 2c |            |
| d | Other (Describe in Part XIV)                                                   | 2d |            |
| e | Add lines 2a through 2d                                                        | 2e | 0.         |
| 3 | Subtract line 2e from line 1                                                   | 3  | 8,147,744. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1              |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b               | 4a |            |
| b | Other (Describe in Part XIV.)                                                  | 4b | <14,358.>  |
| c | Add lines 4a and 4b                                                            | 4c | <14,358.>  |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5  | 8,133,386. |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

LOSS ON SALE OF EQUIPMENT: -14358.

**PART XIII, LINE 4B - OTHER ADJUSTMENTS:**

LOSS ON SALE OF EQUIPMENT: -14358.

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

# 2009

**Open to Public Inspection**

Name of the organization

Employer identification number

NATIONAL BREAST CANCER FOUNDATION, INC.

75-2391148

## Part I

**General Information on Activities Outside the United States.** Complete if the organization answered "Yes"

to Form 990, Part IV, line 14b

- 1 **For grantmakers.** 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? ☒ Yes ☐ No

- 2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

- 3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed )**

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------|
| ASIA       | 0                                   | 0                                           | SPOKE AT MEDICAL SYMPOSIUM & MET WITH BREAST CANCER FOUNDATIONS (SEE SCHEDULE O FOR CONTINUATION)                              |                                                                                                    | 15,482.                           |
| EUROPE     | 0                                   | 0                                           | MET WITH DOCTORS ABOUT INTERNATIONAL BREAST CANCER AWARENESS (SEE SCHEDULE O FOR CONTINUATION)                                 |                                                                                                    | 47,757.                           |
|            |                                     |                                             |                                                                                                                                |                                                                                                    |                                   |
|            |                                     |                                             |                                                                                                                                |                                                                                                    |                                   |
|            |                                     |                                             |                                                                                                                                |                                                                                                    |                                   |
|            |                                     |                                             |                                                                                                                                |                                                                                                    |                                   |
|            |                                     |                                             |                                                                                                                                |                                                                                                    |                                   |
|            |                                     |                                             |                                                                                                                                |                                                                                                    |                                   |
|            |                                     |                                             |                                                                                                                                |                                                                                                    |                                   |
|            |                                     |                                             |                                                                                                                                |                                                                                                    |                                   |
| Totals     | 0                                   | 0                                           |                                                                                                                                |                                                                                                    | 63,239.                           |

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

Schedule F (Form 990) 2009





**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information

SCHEDULE F, PART I, LINE 2: THE SUBSTANTIATION OF THE AMOUNT OF ASSISTANCE PROVIDED TO ORGANIZATIONS IS BASED ON NEEDS EXPRESSED BY ORGANIZATIONS, BALANCED WITH THE TYPICAL RANGE OF NBCF GRANTS MADE TO ANY ONE ORGANIZATION. THE \$61,930 (50,000 EUROS) ASSISTANCE MADE TO THE MEDICAL SYMPOSIUM IS WITHIN THIS RANGE. THE ELIGIBILITY FOR ASSISTANCE IS DETERMINED BY A REVIEW OF THE ORGANIZATION'S PROGRAM OFFERINGS AND ITS ALIGNMENT WITH NBCF'S MISSION. THE NBCF MISSION IS TO SAVE LIVES THROUGH EARLY DETECTION AND TO PROVIDE MAMMOGRAMS FOR THOSE IN NEED. OUR MISSION INCLUDES INCREASING AWARENESS THROUGH EDUCATION, PROVIDING DIAGNOSTIC BREAST CARE SERVICES FOR THOSE IN NEED, AND PROVIDING NURTURING SUPPORT SERVICES. THE SYMPOSIUM PROGRAM WAS REVIEWED AND DETERMINED TO BE IN ALIGNMENT WITH OUR MISSION OF PROVIDING AWARENESS THROUGH EDUCATION, NURTURING SUPPORT SERVICES, AND EARLY DETECTION. THE SELECTION CRITERIA WAS BASED ON NBCF'S ABILITY TO EXTEND AND EXPAND ITS REACH OF FULFILLING ITS MISSION OF EARLY DETECTION AND AWARENESS OF BREAST CANCER. THE SYMPOSIUM IN PARTICULAR WAS ALSO RECOMMENDED BY AN ESTABLISHED PROGRAM PARTNER OF NBCF.



**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**NATIONAL BREAST CANCER FOUNDATION, INC.**

Employer identification number

**75-2391148**

**Part I** General Information on Grants and Assistance

**1** 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?

☒ Yes ☐ No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

**Part II**

**Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) 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                     |
|-------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|--------------------------------------------------------|
| ADVENTIST MEDICAL CENTER<br>10123 SE MARKET STREET<br>PORTLAND, OR 97216                                    | 93-0429015 | 501(C)(3)                     | 25,000.                  | 0.                                |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |
| ALABAMA DEPARTMENT OF PUBLIC<br>HEALTH - RSA TOWER 201 MONROE<br>STREET, STE 1364 - MONTGOMERY, AL<br>36104 | 63-1106545 | 170(C)(1) & 115               | 20,000.                  | 0.                                |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |
| ALASKA DEPARTMENT OF<br>4701 BUSINESS PARK, BLDG J, #20<br>ANKORAGE, AK 99503                               | 92-6001185 | 501(C)(3)                     | 42,000.                  | 0.                                |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |
| ALEXIAN BROTHERS FOUNDATION<br>3040 SALT CREEK LANE<br>ARLINGTON HEIGHTS, IL 60005                          | 36-4251846 | 501(C)(3)                     | 50,000.                  | 0.                                |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |
| ALTRU HEALTH FOUNDATION<br>2501 DEMERS AVENUE<br>GRAND FORKS, ND 58201                                      | 45-0368330 | 501(C)(3)                     | 25,000.                  | 0.                                |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |
| AMERICAN-ITALIAN CANCER FOUNDATION<br>112 EAST 71ST STREET, STE 2B<br>NEW YORK, NY 10021                    | 13-3035711 | 501(C)(3)                     | 10,000.                  | 0.                                |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |

**2** Enter total number of section 501(c)(3) and government organizations

**3** Enter total number of other organizations

53.  
0.

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

Schedule I (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009**  
**Open to Public  
Inspection**

Name of the organization

**NATIONAL BREAST CANCER FOUNDATION, INC.**

Employer identification number  
**75-2391148**

| Part I                                                                                      | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) |                               |                          |                                   |                                                       |                                        |                                                  |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|--------------------------------------------------|
| (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               |
| BAPTIST HEALTH FOUNDATION<br>9601 INTERSTATE 630, EXIT 7<br>LITTLE ROCK, AR 72205           | 23-7166407                                                                                                                         | 501(C)(3)                     | 34,000.                  | 0.                                |                                                       |                                        | PATIENT NAVIGATION PROGRAM GRANT                 |
| BAY HEALTH FOUNDATION<br>640 S STATE STREET<br>DOVER, DE 19901                              | 22-2559843                                                                                                                         | 501(C)(3)                     | 50,000.                  | 0.                                |                                                       |                                        | EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN |
| BETHESDA FOUNDATION<br>10500 MONTGOMERY ROAD<br>CINCINNATI, OH 45242                        | 31-0537122                                                                                                                         | 501(C)(3)/509(A)(1)           | 15,000.                  | 0.                                |                                                       |                                        | EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN |
| BREAST CANCER CONNECTIONS<br>390 CAMBRIDGE AVENUE<br>PALO ALTO, CA 94306                    | 77-0417605                                                                                                                         | 501(C)(3)                     | 55,000.                  | 0.                                |                                                       |                                        | EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN |
| BREAST CANCER RESOURCE CENTER<br>900 E 30TH ST, STE 108<br>AUSTIN, TX 78705                 | 74-2743333                                                                                                                         | 501(C)(3)                     | 35,000.                  | 0.                                |                                                       |                                        | EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN |
| CHARLESTON BREAST CENTER<br>1930 CHARLIE HALL BLVD.<br>CHARLESTON, SC 29414                 | 20-3015793                                                                                                                         | 501(C)(3)                     | 20,000.                  | 0.                                |                                                       |                                        | EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN |
| DUKE UNIVERSITY<br>512 S MAGNUM ST, STE 400<br>DURHAM, NC 27701                             | 56-0532129                                                                                                                         | 501(C)(3)                     | 50,500.                  | 0.                                |                                                       |                                        | EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN |
| FRED HUTCHINSON CANCER RESEARCH CENTER - 1100 FAIRVIEW AVENUE N, J5-200 - SEATTLE, WA 98109 | 23-7156071                                                                                                                         | 501(C)(3)                     | 25,000.                  | 0.                                |                                                       |                                        | EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN |

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

**NATIONAL BREAST CANCER FOUNDATION, INC.**

**75-2391148**

| Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) |            |                               |                          |                                   |                                                       |                                        |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|--------------------------------------------------------|
| (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                     |
| FROEDTERT HOSPITAL FOUNDATION<br>9200 WEST WINSCONSIN AVE<br>MILWAUKEE, WI 53226                                                          | 39-6105970 | 501(C)(3)                     | 12,000.                  | 0.                                |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |
| HACKENSACK UNIVERSITY MEDICAL<br>CENTER FOUNDATION - 360 ESSEX ST,<br>STE 301 - HACKENSACK, NJ 07601                                      | 22-1487576 | 501(C)(3)                     | 12,500.                  | 0.                                |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |
| HOWARD UNIVERSITY HOSPITAL<br>2041 GEORGIA AVENUE, NW<br>WASHINGTON, DC 20060                                                             | 53-0204707 | 501(C)(3)                     | 35,000.                  | 0.                                |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |
| JOHN HOPKINS KIMMEL CANCER CENTER<br>1 CHARLES CENTER, 100 N CHARLES ST<br>BALTIMORE, MD 21201                                            | 52-0595110 | 501(C)(3)                     | 50,000.                  | 0.                                |                                                       |                                        | PATIENT NAVIGATION<br>PROGRAM GRANT                    |
| LIGA CONTRA EL CANCER/LEAGUE<br>AGAINST CANCER - 2180 S.W. 12TH<br>AVE. - MIAMI, FL 33129                                                 | 59-1629554 | 501(C)(3)                     | 30,000.                  | 0.                                |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |
| LOS ANGELES CHRISTIAN HEALTH<br>CENTERS - 311 WINSTON STREET - LOS<br>ANGELES, CA 90013                                                   | 95-4315734 | 501(C)(3)                     | 45,000.                  | 0.                                |                                                       |                                        | PATIENT NAVIGATION<br>PROGRAM GRANT                    |
| LRG HEALTHCARE<br>80 HIGHLAND STREET<br>LACONIA, NH 03246                                                                                 | 02-0222150 | 501(C)(3)                     | 52,500.                  | 0.                                |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |
| LSUHSC FOUNDATION<br>1615 POYDRAS ST, STE 1400<br>NEW ORLEANS, LA 70112                                                                   | 72-1115391 | 501(C)(3)                     | 10,000.                  | 0.                                |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**

► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**NATIONAL BREAST CANCER FOUNDATION, INC.**

Employer identification number

**75-2391148**

| Part I                                                                                | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) |                               |                          |                                   |                                                       |                                        |                                                  |  |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|--------------------------------------------------|--|
| (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               |  |
| MAD RIVER COMMUNITY HOSPITAL<br>3800 JANES ROAD<br>ARCATA, CA 95521                   | 94-1698406                                                                                                                         | 501(C)(3)                     | 40,000.                  | 0.                                |                                                       |                                        | EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN |  |
| MAGEE WOMEN'S FOUNDATION<br>3339 WART STREET<br>PITTSBURGH, PA 15213                  | 25-1462312                                                                                                                         | 501(C)(3)                     | 45,000.                  | 0.                                |                                                       |                                        | PATIENT NAVIGATION PROGRAM GRANT                 |  |
| MARTIN MEMORIAL HEALTH SYSTEMS<br>2135 S. E. OCEAN BLVD.<br>STUART, FL 34996          | 59-2304522                                                                                                                         | 501(C)(3)                     | 12,500.                  | 0.                                |                                                       |                                        | EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN |  |
| METROHEALTH FOUNDATION, INC.<br>2500 METROHEALTH DRIVE, C-2110<br>CLEVELAND, OH 44109 | 34-6607695                                                                                                                         | 501(C)(3)                     | 10,000.                  | 0.                                |                                                       |                                        | EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN |  |
| MISSISSIPPI STATE DEPARTMENT OF HEALTH - 570 E. WOODROW WILSON - JACKSON, MS 39215    | 64-6000775                                                                                                                         | 170(C)(1) & 115               | 10,000.                  | 0.                                |                                                       |                                        | EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN |  |
| MONTANA DEPARTMENT OF PUBLIC HEALTH - 1400 BROADWAY, RM C317 - HELENA, MT 59620       | 81-0302402                                                                                                                         | 501(C)(3)                     | 15,000.                  | 0.                                |                                                       |                                        | EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN |  |
| NEBRASKA MEDICAL CENTER<br>987421 NEBRASKA MEDICAL CENTER<br>OMAHA, NE 68198          | 91-1858433                                                                                                                         | 501(C)(3)                     | 10,000.                  | 0.                                |                                                       |                                        | EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN |  |
| NEVADA HEALTH CENTERS<br>1802 N. CARSON STR., #100<br>CARSON CITY, NV 89701           | 94-3199117                                                                                                                         | 501(C)(3)                     | 40,000.                  | 0.                                |                                                       |                                        | EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN |  |

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

**Schedule I-1 (Form 990) 2009**

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**

► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**NATIONAL BREAST CANCER FOUNDATION, INC.**

Employer identification number

**75-2391148**

| Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) |            | (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                     |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------|-----------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|--------------------------------------------------------|
| NORTHWEST HEALTHCARE<br>310 SUNNYVIEW LANE<br>KISPELL, MT 59901                                                                           | 81-0406485 |                                                    | 501(C)(3) | 25,000.                       | 0.                       |                                   |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |
|                                                                                                                                           |            |                                                    |           |                               |                          |                                   |                                                       |                                        |                                                        |
|                                                                                                                                           |            |                                                    |           |                               |                          |                                   |                                                       |                                        |                                                        |
| OHIO HEALTH FOUNDATION<br>180 EAST BROAD STREET, 31ST FL.<br>COLUMBUS, OH 43215                                                           | 23-7446919 |                                                    | 501(C)(3) | 15,000.                       | 0.                       |                                   |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |
|                                                                                                                                           |            |                                                    |           |                               |                          |                                   |                                                       |                                        |                                                        |
|                                                                                                                                           |            |                                                    |           |                               |                          |                                   |                                                       |                                        |                                                        |
| OKLAHOMA UNIVERSITY MEDICAL CENTER<br>1000 STANTON YOUNG BLVD, BIRD<br>LIBRARY, STE 162 - OKLAHOMA CITY,<br>OK 73117                      | 73-1477155 | 115A                                               | 501(C)(3) | 20,000.                       | 0.                       |                                   |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |
|                                                                                                                                           |            |                                                    |           |                               |                          |                                   |                                                       |                                        |                                                        |
|                                                                                                                                           |            |                                                    |           |                               |                          |                                   |                                                       |                                        |                                                        |
| PARKLAND HOSPITAL FOUNDATION<br>2777 N. STEMMONS FREEWAY, STE 1700<br>DALLAS, TX 75207                                                    | 75-2089180 | 501(C)(3)                                          | 50,000.   | 0.                            |                          |                                   |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |
|                                                                                                                                           |            |                                                    |           |                               |                          |                                   |                                                       |                                        |                                                        |
|                                                                                                                                           |            |                                                    |           |                               |                          |                                   |                                                       |                                        |                                                        |
| POH RILEY FOUNDATION-REGIONAL<br>MEDICAL CENTER - 50 NORTH PERRY<br>STREET - PONTIAC, MI 48342                                            | 38-1428164 | 501(C)(3)                                          | 25,000.   | 0.                            |                          |                                   |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |
|                                                                                                                                           |            |                                                    |           |                               |                          |                                   |                                                       |                                        |                                                        |
|                                                                                                                                           |            |                                                    |           |                               |                          |                                   |                                                       |                                        |                                                        |
| PRESBYTERIAN HOSPITAL FOUNDATION<br>108 PROVIDENCE ROAD<br>CHARLOTTE, NC 28207                                                            | 58-1413074 | 501(C)(3)                                          | 25,000.   | 0.                            |                          |                                   |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |
|                                                                                                                                           |            |                                                    |           |                               |                          |                                   |                                                       |                                        |                                                        |
|                                                                                                                                           |            |                                                    |           |                               |                          |                                   |                                                       |                                        |                                                        |
| PROVIDENCE ALASKA MEDICAL<br>3760 PIPER ST, STE 1047<br>ANKORAGE, AK 99508                                                                | 92-0016429 | 501(C)(3)                                          | 26,000.   | 0.                            |                          |                                   |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |
|                                                                                                                                           |            |                                                    |           |                               |                          |                                   |                                                       |                                        |                                                        |
|                                                                                                                                           |            |                                                    |           |                               |                          |                                   |                                                       |                                        |                                                        |
| QUEENS MEDICAL CENTER<br>1301 PUNCHBOWL AVENUE<br>HONOLULU, HI 96813                                                                      | 99-0073524 | 501(C)(3)                                          | 25,000.   | 0.                            |                          |                                   |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |
|                                                                                                                                           |            |                                                    |           |                               |                          |                                   |                                                       |                                        |                                                        |
|                                                                                                                                           |            |                                                    |           |                               |                          |                                   |                                                       |                                        |                                                        |

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047  
**2009**  
Open to Public  
Inspection

Name of the organization

**NATIONAL BREAST CANCER FOUNDATION, INC.**

Employer identification number  
**75-2391148**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

| (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                     |
|-------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|--------------------------------------------------------|
| SHARP HEALTHCARE FOUNDATION<br>8695 SPECTRUM CENTER BLVD<br>SAN DIEGO, CA 92123                                   | 95-2367304 | 501(C)(3)                     | 15,000.                  | 0.                                |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |
| SOUTH DAKOTA DEPARTMENT OF HEALTH<br>615 EAST 4TH STREET<br>PIERRE, SD 57501                                      | 46-6000364 | 501(C)(3)                     | 10,000.                  | 0.                                |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |
| SPECTRUM HEALTH FOUNDATION<br>100 MICHIGAN ST NE-MC004<br>GRAND RAPIDS, MI 49503                                  | 38-1360529 | 501(C)(3)                     | 25,000.                  | 0.                                |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |
| ST. LUKE'S BREAST CARE CENTER<br>ST. LUKE'S HOSPITAL 232 SOUTH<br>WOODS MILL ROAD - CHESTERFIELD, MO<br>63017     | 43-0652680 | 501(C)(3)                     | 50,000.                  | 0.                                |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |
| ST. ROSE DOMINICAN HOSPITAL,<br>WOMENSCARE CENTER - 100 N. GREEN<br>VALLEY PKWY, STE 300 - HENDERSON,<br>NV 89074 | 88-6164903 | 501(C)(3)                     | 20,000.                  | 0.                                |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |
| SWEDISH CONVENANT HOSPITAL<br>5145 N CALIFORNIA AVE<br>CHICAGO, IL 60625                                          | 36-2179813 | 501(C)(3)                     | 50,000.                  | 0.                                |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |
| THOMAS JEFFERSON UNIVERSITY<br>925 CHESTNUT STREET, STE 110<br>PHILADELPHIA, PA 19107                             | 23-2829095 | 501(C)(3)                     | 50,000.                  | 0.                                |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |
| UNIVERSITY HEALTH CARE FOUNDATION<br>2100 CENTRAL AVENUE, STE D-1<br>AUGUSTA, GA 30904                            | 58-1343550 | 501(C)(3)                     | 25,000.                  | 0.                                |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009**  
**Open to Public**  
**Inspection**

Name of the organization

**NATIONAL BREAST CANCER FOUNDATION, INC.**

Employer identification number  
**75-2391148**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

| (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                     |
|-----------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|--------------------------------------------------------|
| UNIVERSITY OF LOUISVILLE<br>529 SOUTH JACKSON STREET<br>LOUISVILLE, KY 40202                                          | 23-7078461 | 501(C)(3)                     | 100,000.                 | 0.                                |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |
| UNIVERSITY OF NEW MEXICO HOSPITAL<br>700 LOMAS BLVD NE, TWO WOODWARD<br>CENTER, STE 108 - ALBUQUERQUE, NM<br>87102    | 85-0275408 | 501(C)(3)                     | 12,500.                  | 0.                                |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |
| UNIVERSITY OF TEXAS M. D. ANDERSON<br>CANCER CENTER - 6900 FANNIN, STE<br>51000 - HOUSTON, TX 77030                   | 74-6001118 | 170(C)(1) & 115               | 400,000.                 | 0.                                |                                                       |                                        | BREAST CANCER RESEARCH<br>PROGRAM GRANT                |
| WHITE MEMORIAL MEDICAL CENTER<br>1720 CESAR E. CHAVEZ AVENUE<br>LOS ANGELES, CA 90033                                 | 95-3760201 | 501(C)(3)                     | 75,000.                  | 0.                                |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |
| WINTHROP P. ROCKEFELLER CANCER<br>INSTITUTE FOUNDATION - 4301 W.<br>MARKHAM STREET, MS623F - LITTLE<br>ROCK, AR 72205 | 71-6056774 | 501(C)(3)                     | 15,000.                  | 0.                                |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |
| WOMEN'S CENTER FOR BREAST CARE<br>609 MEADOWS ROAD<br>BOCA RATON, FL 33486                                            | 59-1006663 | 501(C)(3)                     | 12,500.                  | 0.                                |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |
| WYOMING DEPARTMENT OF HEALTH<br>6101 YELLOWSTONE ROAD, STE 259A<br>CHEYENNE, WY 82002                                 | 83-0208667 | 501(C)(3)                     | 15,000.                  | 0.                                |                                                       |                                        | EARLY<br>DETECTION-MAMMOGRAMS FOR<br>UNDERSERVED WOMEN |

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

Schedule I-1 (Form 990) 2009

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22  
Use Part IV and Schedule I-1 (Form 990) 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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information**SCHEDULE I, PART I, LINE 2: THE NATIONAL MAMMOGRAPHY PROGRAM (NMP) NETWORK****PARTNER - MEDICAL FACILITY PROVIDER GRANT APPLICATION REQUIRES THE GRANTEE****ORGANIZATIONS TO DOCUMENT THEIR QUALIFICATION FOR A NMP GRANT. AMONG OTHER****CRITERIA, THE FACILITIES MUST BE CAPABLE TO DELIVER MAMMOGRAMS, HAVE THE****CAPACITY TO RUN A NBCF MAMMOGRAPHY PROGRAM, AND HAVE A POTENTIAL POOL OF****RECIPIENTS CONSISTENT WITH THE NBCF TARGET DEMOGRAPHIC OF UNDERSERVED WOMEN****UNDER MEDICARE AGE. OUR FUNDING IS RESTRICTED EXCLUSIVELY FOR SCREENING AND****DIAGNOSTIC MAMMOGRAMS AND ULTRASOUNDS, CLINICAL BREAST EXAMS, AND CAD****READINGS. GRANTEE ORGANIZATIONS ARE ENCOURAGED TO DEVELOP A PROCESS FOR A**



**Part IV** Supplemental Information

FULL CONTINUUM OF BREAST CARE NEEDED, INCLUDING BIOPSIES, MRI'S AND SURGICAL AND CANCER TREATMENT AS NEEDED. THE APPLICATION FORM IS DESIGNED TO IDENTIFY THOSE MEDICAL FACILITIES WHICH PROVIDE THE SERVICES NEEDED TO THE POPULATION TARGETED BY THE NBCF MISSION, AND ALSO, COMPLY WITH THE ESTABLISHED FACILITY CRITERIA.

THE NATIONAL MAMMOGRAPHY PROGRAM - RESULTS SUBMISSION FORM IS A REQUIREMENT OF GRANT RECIPIENTS FOR SEMI-ANNUAL MONITORING OF GRANTS AWARDED. GRANTEE ORGANIZATIONS ARE REQUIRED TO REPORT THE AMOUNT OF GRANT FUNDS USED TO-DATE, THE NUMBER OF PATIENTS SERVED, AND THE RESULTS OF THE SCREENINGS. IF THE MEDICAL PROVIDER IS SUCCESSFUL IN FULFILLING THE NBCF MISSION WHILE COMPLYING WITH THE ESTABLISHED FACILITY CRITERIA, AND NEEDS ADDITIONAL FUNDS FOR THEIR PROGRAM, NBCF WILL ENCOURAGE THEM TO APPLY FOR ADDITIONAL GRANTS. IN THE RARE EVENT THAT A MEDICAL PROVIDER FINDS THEY ARE UNABLE TO USE THE GRANT PER THE GRANT RESTRICTIONS, NBCF HAS THE GRANT REFUNDED TO NBCF AND RE-DISTRIBUTES THE FUNDS TO ANOTHER MEDICAL PROVIDER THROUGH THE APPLICATION PROCESS.

GRANTEE ORGANIZATIONS RECEIVING NMP PATIENT NAVIGATION PROGRAM GRANTS MUST REPORT THE FOLLOWING TO NBCF: PROGRAM COORDINATOR ACTIVITIES, PROCESSES, PROCEDURES AND SUPPORT FUNCTIONS FOR THEIR PROGRAM, WOMEN SERVED PER SERVICE, AND THE AMOUNT OF GRANT FUNDS USED TO-DATE.

NBCF STAYS IN CLOSE CONTACT WITH FACILITIES RECEIVING BREAST CANCER RESEARCH GRANTS TO CONFIRM THE GRANTS ARE FURTHERING RESEARCH PROJECTS WHICH ARE FOCUSED ON EARLY DETECTION, TREATMENT OR CURE OF BREAST CANCER.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

**NATIONAL BREAST CANCER FOUNDATION, INC.**

Employer identification number

**75-2391148**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

☒ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

☐ Compensation committee

☐ Independent compensation consultant

☒ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

**1b** X

**2** X

**4a** X

**4b** X

**4c** X

**5a** X

**5b** X

**6a** X

**6b** X

**7** X

**8** X

**9**

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

Schedule J (Form 990) 2009



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
► **Attach to Form 990.**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**NATIONAL BREAST CANCER FOUNDATION, INC.**

Employer identification number

**75-2391148**

**Part I Types of Property**

|                                                                 | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions | (c)<br>Revenues reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>revenues |
|-----------------------------------------------------------------|-------------------------------|-----------------------------------|-------------------------------------------------------------|------------------------------------------|
| 1 Art - Works of art                                            |                               |                                   |                                                             |                                          |
| 2 Art - Historical treasures                                    |                               |                                   |                                                             |                                          |
| 3 Art - Fractional interests                                    |                               |                                   |                                                             |                                          |
| 4 Books and publications                                        |                               |                                   |                                                             |                                          |
| 5 Clothing and household goods                                  |                               |                                   |                                                             |                                          |
| 6 Cars and other vehicles                                       | X                             | 1                                 | 14,127.                                                     | CONSERVATIVE FMV                         |
| 7 Boats and planes                                              |                               |                                   |                                                             |                                          |
| 8 Intellectual property                                         |                               |                                   |                                                             |                                          |
| 9 Securities - Publicly traded                                  |                               |                                   |                                                             |                                          |
| 10 Securities - Closely held stock                              |                               |                                   |                                                             |                                          |
| 11 Securities - Partnership, LLC, or<br>trust interests         |                               |                                   |                                                             |                                          |
| 12 Securities - Miscellaneous                                   |                               |                                   |                                                             |                                          |
| 13 Qualified conservation contribution -<br>Historic structures |                               |                                   |                                                             |                                          |
| 14 Qualified conservation contribution - Other                  |                               |                                   |                                                             |                                          |
| 15 Real estate - Residential                                    |                               |                                   |                                                             |                                          |
| 16 Real estate - Commercial                                     |                               |                                   |                                                             |                                          |
| 17 Real estate - Other                                          |                               |                                   |                                                             |                                          |
| 18 Collectibles                                                 |                               |                                   |                                                             |                                          |
| 19 Food inventory                                               |                               |                                   |                                                             |                                          |
| 20 Drugs and medical supplies                                   |                               |                                   |                                                             |                                          |
| 21 Taxidermy                                                    |                               |                                   |                                                             |                                          |
| 22 Historical artifacts                                         |                               |                                   |                                                             |                                          |
| 23 Scientific specimens                                         |                               |                                   |                                                             |                                          |
| 24 Archeological artifacts                                      |                               |                                   |                                                             |                                          |
| 25 Other ► ( <u>EDUCATIONAL M</u> )                             | X                             | 93                                | 1,613,939.                                                  | FAIR MARKET VALUE                        |
| 26 Other ► ( <u>MARKETING VID</u> )                             | X                             | 1                                 | 70,000.                                                     | CONSERVATIVE FMV                         |
| 27 Other ► ( <u>EVENT GIFT BA</u> )                             | X                             | 7,711                             | 17,886.                                                     | FAIR MARKET VALUE                        |
| 28 Other ► ( )                                                  |                               |                                   |                                                             |                                          |

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment

**29**

**1**

**30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

**b** If "Yes," describe the arrangement in Part II

**31** Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

**b** If "Yes," describe in Part II

**33** If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

|     | Yes | No |
|-----|-----|----|
| 30a |     | X  |
| 31  | X   |    |
| 32a |     | X  |
| 33  |     |    |

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Schedule M (Form 990) 2009

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**NATIONAL BREAST CANCER FOUNDATION, INC.**

Employer identification number

**75-2391148**

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

**COMMUNITY PROGRAMS-HOSTING OF INTERNET INTERACTIVE COMMUNITIES.**

**EXPENSES \$ 222934. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**

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

**THE CEO AND SENIOR CONSULTANT ARE RELATED THROUGH MARRIAGE AND EMPLOYED  
BY THE ORGANIZATION. ADDITIONALLY, TWO OF THEIR SONS ARE EMPLOYED BY  
THE ORGANIZATION, ONE AS COO AND THE OTHER AS VP OPERATIONS.**

**FORM 990, PART VI, SECTION A, LINE 8B:**

**DOCUMENTING OF COMMITTEE MEETINGS**

**THE ORGANIZATION COMPLIED WITH CONTEMPORANEOUSLY DOCUMENTING OF  
COMMITTEE MEETINGS OF THE GOVERNING BODY, BUT THERE WERE NONE TO  
REPORT.**

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

**A DRAFT OF THE TAX RETURN IS PROVIDED TO THE ORGANIZATION BY THE CPA  
FIRM. THE TAX RETURN IS REVIEWED BY THE CEO, COO, AND THE CFO IN DETAIL  
AFTER THE CONTROLLER IS SATISFIED WITH IT. ONCE THE CEO, COO, AND CFO  
HAVE APPROVED IT, THE RETURN IS FORWARDED TO ALL OF THE BOARD MEMBERS  
ELECTRONICALLY. COMMENTS ARE SUBMITTED. IF ANY CHANGES ARE MADE, THE  
REVIEW PROCESS IS REPEATED UNTIL THERE ARE NO CHANGES.**

**FORM 990, PART VI, SECTION B, LINE 12C:**

**NBCF ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY HAVING  
EACH MEMBER OF THE BOARD READ THE DOCUMENT TWICE A YEAR AND RESPOND IN**

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**

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Inspection

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NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number

75-2391148

WRITING AS TO WHETHER OR NOT THERE ARE CONFLICTS. EACH BOARD MEMBER

SIGNS THE DOCUMENT STATING THAT THEY HAVE READ AND UNDERSTAND THE

CONFLICT OF INTEREST POLICY AND AGREE TO BE BOUND BY THEM. IN ADDITION,

THE IMPORTANCE OF THE CONFLICT OF INTEREST POLICY IS OPENLY DISCUSSED

IN THE BOARD MEETINGS AND BOARD MEMBERS ARE ASKED IF THEY HAVE ANY

ACTIVITIES FOR WHICH THEY NEED TO CONFIRM WHETHER A CONFLICT OF

INTEREST EXISTS. IF A CONFLICT OF INTEREST IS FOUND TO EXIST,

APPROPRIATE ACTION IS TAKEN SUCH AS THE CONFLICTED BOARD MEMBER NOT

PARTICIPATING IN DISCUSSIONS OR VOTING ON RELATED ISSUES. DEPENDENT ON

THE NATURE OF THE CONFLICT, THE NON-CONFLICTED BOARD MEMBERS MAY

PROPOSE AND VOTE ON A MOTION CONCERNING THE RESOLUTION OF CONFLICT.

FORM 990, PART VI, SECTION B, LINES 15A & 15B:

THE BOARD OF DIRECTORS APPROVES THE COMPENSATION FOR THE OFFICERS OF

THE ORGANIZATION AFTER COMPARING THE SALARIES WITH OTHER ORGANIZATIONS,

AS WELL AS COMPARISON WITH COMPENSATION SURVEYS AND STUDIES. THE ACTION

OF THE BOARD OF DIRECTORS IS THEN DOCUMENTED IN THE BOARD MINUTES.

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

NBCF MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST STATEMENT AND

AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THEY

OFFER TO FAX, U.S. FIRST CLASS MAIL OR EMAIL THE DOCUMENTS TO

INTERESTED PARTIES. NBCF'S FORM 1023, IRS DETERMINATION LETTER, ANNUAL

REPORT, FORM 990, AND FINANCIAL STATEMENTS WITH INDEPENDENT AUDITOR'S

REPORT ARE ALSO AVAILABLE ON THE NBCF'S WEBSITE, WWW.NBCF.ORG. NBCF'S

FORM 990 IS AVAILABLE ON THE WEBSITE WWW.GUIDESTAR.ORG. FINANCIAL AND

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number

75-2391148

OTHER INFORMATION ABOUT NBCF IS AVAILABLE ON THE WEBSITE

WWW.CHARITYNAVIGATOR.ORG.

FORM 990, PART XI, QUESTION 2C:

THE FINANCE AND AUDIT COMMITTEE WAS FORMED TO COORDINATE THE BOARD'S  
FINANCIAL OVERSIGHT RESPONSIBILITIES, WHICH INCLUDE PROVIDING THE BOARD  
OVERSIGHT OF THE ORGANIZATION'S FINANCIAL AUDIT. THE FINANCE AND AUDIT  
COMMITTEE CURRENTLY CONSIST OF THE TREASURER, CEO, AND CFO.

FORM 990, SCHEDULE F, PART 1, QUESTION 3(D):

ASIAN TRIP

ABOUT INTERNATIONAL BREAST CANCER AWARENESS STRATEGIES AND SPECIFICALLY  
THE BEYOND THE SHOCK VIDEO AS AN INTERNATIONAL EDUCATION RESOURCE.

FORM 990, SCHEDULE F, PART 1, QUESTION 3(D):

EUROPEAN TRIP

STRATEGIES AND SPECIFICALLY THE BEYOND THE SHOCK VIDEO AS AN  
INTERNATIONAL EDUCATIONAL RESOURCE.

FORM 990, SCHEDULE J, PART 1, QUESTION 1A:

FIRST CLASS TRAVEL

NBCF BUSINESS TRAVELERS SOMETIMES UPGRADE TO FIRST CLASS TRAVEL WITH  
AIR MILES ACCUMULATED FROM PRIOR TRAVEL.