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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) The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2010 Open to Public Inspection
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A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011		
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization NATIONAL BREAST CANCER FOUNDATION INC Doing Business As Number and street (or P O box if mail is not delivered to street address) 2600 NETWORK BLVD NO 300 Room/suite City or town, state or country, and ZIP + 4 FRISCO, TX 75034	D Employer identification number 75-2391148 E Telephone number (972) 248-9200 G Gross receipts \$ 15,532,825
	F Name and address of principal officer JANELLE HAIL 2600 NETWORK BLVD NO 300 FRISCO, TX 75034	H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶
	I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527	
	J Website: ▶ WWW.NBCF.ORG	
	K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶	
L Year of formation 1991		M State of legal domicile TX

Part I	Summary
Activities & Governance	1 Briefly describe the organization’s mission or most significant activities SAVE LIVES BY EARLY DETECTION, PROVIDING DIAGNOSTIC BREAST CARE SERVICES FOR THOSE IN NEED, INCREASING AWARENESS THROUGH EDUCATION, AND PROVIDING NURTURING SUPPORT SERVICES
	2 Check this box ☐ 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)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)
Revenue	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12
	b Net unrelated business taxable income from Form 990-T, line 34
Expenses	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
	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)
Net Assets or Fund Balances	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ▶1,029,348
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
	19 Revenue less expenses Subtract line 18 from line 12

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

Sign Here	 ***** Signature of officer	2011-09-29 Date			
	 JOHN T REECE II CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 2011-09-29	Check if self-employed ☐	PTIN
	Firm's name ▶ THE MB GROUP LLC				Firm's EIN ▶
	Firm's address ▶ 5072 W PLANO PARKWAY SUITE 150 PLANO, TX 75093				Phone no ▶ (469) 865-1040

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

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

TO SAVE LIVES BY EARLY DETECTION, INCLUDING PROVIDING DIAGNOSTIC BREAST CARE SERVICES FOR THOSE IN NEED, INCREASING AWARENESS THROUGH EDUCATION, AND PROVIDING NURTURING SUPPORT SERVICES

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 \$ 3,691,921 including grants of \$ 2,960,388) (Revenue \$ 0)

FUNDING OF DIAGNOSTIC BREAST CARE SERVICES, INCLUDING MAMMOGRAMS, 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 32,865 FREE DIAGNOSTIC BREAST CARE SERVICES, INCLUDING MAMMOGRAMS, AND 28,775 PATIENT NAVIGATION SERVICES

4b

(Code) (Expenses \$ 4,148,111 including grants of \$ 50,000) (Revenue \$ 0)

DESIGNED AND DELIVERED EDUCATIONAL AND AWARENESS MATERIALS UTILIZED BY OVER 8,100,000 BREAST CANCER PATIENTS AND SUPPORTERS NATIONALLY AND INTERNATIONALLY, INCLUDING EDUCATIONAL AND AWARENESS MATERIALS ON NBCF ORG, BEYOND THE SHOCK EDUCATIONAL PROGRAM, EARLY DETECTION PLAN, MYNBCF ORG, BREASTCANCER NET, BREAST CANCER EDUCATION BROCHURES, AND MEDIA PRESENTATIONS

4c

(Code) (Expenses \$ 801,709 including grants of \$ 654,072) (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 \$ including grants of \$) (Revenue \$)

4e

Total program service expenses

\$ 8,641,741

Form 990 (2010)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 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? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 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? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 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 U S ? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 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 U S ? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

☐

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	24		
		1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	19		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).					
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.			3b		
4a	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)?	4a			No
	b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a 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?			6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a 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?			7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year.			7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966?			9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12.			10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			10b		
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders.			11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			13b		
c Enter the amount of reserves on hand.			13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			14b		

Part VI

Governance, Management, and Disclosure For each “Yes” response to lines 2 through 7b below, and for a “No” response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

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

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	No
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?	10b	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If “No,” go to line 13	12a	Yes
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this is done	12c	Yes
13	Does the organization have a written whistleblower policy?	13	Yes
14	Does the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization’s CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If “Yes” to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
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?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ▶AL , AK , AR , AZ , CA , CO , CT , DC , FL , GA , HI , IL , KS , KY , ME , MD , MA , MI , MN , MS , ND , NH , NJ , NM , NY , NC , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WV , WI
18	Section 6104 requires an organization to make its Form 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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ JO ANN TIMBERLAKE VICE PRESIDENT ACCOUNTING 2600 NETWORK BLVD STE 300 FRISCO, TX 75034 (972) 248-9200

Check if Schedule O contains a response to any question in this Part VII ☐ ☒

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2010)

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	551,039	0	196,972

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶4

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
OVEN BITS 840 LAKE CAROLYN PKWY STE 223 IRVING, TX 75039	EDUCATIONAL VIDEO DEVELOPMENT	256,878
BOOMERANG SUPPORT 5015 ADDISON CIRCLE STE 521 ADDISON, TX 75001	IT SUPPORT	108,094

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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	99,741				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,632,463				
	g	Noncash contributions included in lines 1a-1f \$		1,409,438				
	h	Total. Add lines 1a-1f		11,732,204				
Program Service Revenue	2a		Business Code					
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		186,390	186,390		
4		Income from investment of tax-exempt bond proceeds . . .						
5		Royalties						
6a		Gross Rents	(i) Real	(ii) Personal				
b		Less rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss)						
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b		Less cost or other basis and sales expenses						
c		Gain or (loss)						
d		Net gain or (loss)			4,025	4,025		
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b		Less direct expenses	b					
c		Net income or (loss) from fundraising events . . .						
9a		Gross income from gaming activities See Part IV, line 19	a					
b		Less direct expenses	b					
c		Net income or (loss) from gaming activities . . .						
10a		Gross sales of inventory, less returns and allowances	a	2				
b		Less cost of goods sold	b					
c		Net income or (loss) from sales of inventory . . .		2	2			
	Miscellaneous Revenue	Business Code						
11a	MISCELLANEOUS INCOME	900099	1	1				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		1					
12	Total revenue. See Instructions		11,922,622	190,418	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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,610,388	3,610,388		
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	54,073	54,073		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	456,012	369,173	41,031	45,808
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	876,154	360,752	271,013	244,389
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	256,604	142,180	67,478	46,946
9	Other employee benefits	267,200	135,164	79,190	52,846
10	Payroll taxes	104,116	53,671	26,272	24,173
a	Fees for services (non-employees) Management				
b	Legal	7,358	3,945		3,413
c	Accounting	14,317		14,317	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	168,753	73,849	17,902	77,002
12	Advertising and promotion	259,170	8,538	20,065	230,567
13	Office expenses	182,989	63,473	64,010	55,506
14	Information technology	134,191	64,649	29,803	39,739
15	Royalties				
16	Occupancy	271,582	175,343	41,614	54,625
17	Travel	225,564	137,568	10,039	77,957
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	29,805	16,437	3,297	10,071
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	164,138	106,645	24,864	32,629
23	Insurance	29,847	21,785	3,605	4,457
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	EDUCATION/AWARENESS	3,234,862	3,234,862		
b	CONTRACT LABOR	25,511	8,019	9,968	7,524
c	LICENSES/MEMBERSHIP FEE	14,315	1,227	535	12,553
d	ADWARDS/RECOGNITION	9,143			9,143
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	10,396,092	8,641,741	725,003	1,029,348
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			187,853	1	220,461
	2	Savings and temporary cash investments			357,106	2	13,824
	3	Pledges and grants receivable, net			1,617,208	3	737,002
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			797	8	1,691
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	900,615			
	b	Less: accumulated depreciation	10b	641,660	334,266	10c	258,955
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11			5,065,315	12	7,494,683
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			159,591	15	606,295
16	Total assets. Add lines 1 through 15 (must equal line 34)			7,722,136	16	9,332,911	
Liabilities	17	Accounts payable and accrued expenses			62,213	17	28,845
	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				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			43,510	25	71,415
	26	Total liabilities. Add lines 17 through 25			105,723	26	100,260
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			7,616,413	27	9,232,651
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			7,616,413	33	9,232,651
34	Total liabilities and net assets/fund balances			7,722,136	34	9,332,911	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,922,622
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,396,092
3	Revenue less expenses Subtract line 2 from line 1	3	1,526,530
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,616,413
5	Other changes in net assets or fund balances (explain in Schedule O)	5	89,708
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	9,232,651

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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		

SCHEDULE A
(Form 990 or 990EZ)

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

2010

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 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	
Total									

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5,281,436	7,141,274	8,225,984	8,287,900	10,332,766	39,269,360
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5,281,436	7,141,274	8,225,984	8,287,900	10,332,766	39,269,360
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)						1,018,881
6 Public Support. Subtract line 5 from line 4						38,250,479

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	5,281,436	7,141,274	8,225,984	8,287,900	10,332,766	39,269,360
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	99,946	112,484	71,740	79,437	186,390	549,997
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)	24,559	818	208		1	25,586
11 Total support (Add lines 7 through 10)						39,844,943
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	96 000 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	95 150 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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 ▶		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☐ 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)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–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 Year
2a	Total number of conservation easements
2b	Total acreage restricted by conservation easements
2c	Number of conservation easements on a certified historic structure included in (a)
2d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 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 ▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

Using the organization's 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 the 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	Investment earnings or 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

b

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

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

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		192,052	42,374
d Equipment	395,765		289,728	106,037
e Other	270,424		159,880	110,544
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				258,955

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,922,622
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,396,092
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,526,530
4	Net unrealized gains (losses) on investments	4	89,708
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 - 8	9	89,708
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,616,238

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	12,014,838
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	89,708
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-2
e	Add lines 2a through 2d	2e	89,706
3	Subtract line 2e from line 1	3	11,925,132
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	-2,510
c	Add lines 4a and 4b	4c	-2,510
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	11,922,622

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	10,398,601
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	-1
e	Add lines 2a through 2d	2e	-1
3	Subtract line 2e from line 1	3	10,398,602
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	-2,510
c	Add lines 4a and 4b	4c	-2,510
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	10,396,092

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, 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.

Identifier	Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS		ROUNDING -2
PART XII, LINE 4B - OTHER ADJUSTMENTS		LOSS ON SALE OF EQUIPMENT -2,510
PART XIII, LINE 2D - OTHER ADJUSTMENTS		ROUNDING -1
PART XIII, LINE 4B - OTHER ADJUSTMENTS		LOSS ON SALE OF EQUIPMENT -2,510

OMB No 1545-0047

Open to Public Inspection

75-2391148

3 Activities per Region (Use Part V if additional space is needed)

Schedule F (Form 990) 2010

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☒

Use Part V if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE	MEMBERSHIP IN INTERNATIONAL MEDICAL CANCER SYMPOSIUM FOR CALENDAR YEAR 2010	35,705	WIRE TRANSFER			COST
			EUROPE	MEMBERSHIP IN INTERNATIONAL MEDICAL CANCER SYMPOSIUM 50 % CALENDAR YEAR 2011	18,367	WIRE TRANSFER			COST

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

0

3

Enter total number of other organizations or entities

1

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Part V if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Schedule F (Form 990) 2010

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL BREAST CANCER FOUNDATION INC

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

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

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. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2

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

62

3

Enter total number of other organizations

2

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 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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	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 NCBF MAMMOGRAPHY PROGRAM, AND HAVE A POTENTIAL POOL OF RECIPIENTS CONSISTENT WITH THE NCBF 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 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 NCBF MISSION, AND ALSO, COMPLY WITH THE ESTABLISHED FACILITY CRITERIA
OTHER INFORMATION	PART IV	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, AND THE NUMBER OF PATIENTS SERVED IF THE MEDICAL PROVIDER IS SUCCESSFUL IN FULFILLING THE NCBF MISSION WHILE COMPLYING WITH THE ESTABLISHED FACILITY CRITERIA, AND NEEDS ADDITIONAL FUNDS FOR THEIR PROGRAM, NCBF 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, NCBF HAS THE GRANT REFUNDED TO NCBF 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 NCBF PROGRAM COORDINATOR ACTIVITIES, PROCESSES, TYPES OF SERVICES PROVIDED, NUMBER OF WOMEN SERVICED THROUGH NAVIGATION, TIMELINESS OF CARE, AND THE AMOUNT OF GRANT FUNDS USED TO-DATE NCBF 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

Software ID:

Software Version:

EIN: 75-2391148

Name: NATIONAL BREAST CANCER FOUNDATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 CENTER10123 SE MARKET STREET PORTLAND,OR 97216	93-0429015	501(C)(3)	25,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
ALABAMA DEPARTMENT OF PUBLIC HEALTHRSA TOWER 201 MONROE STREET SUITE 1364 MONTGOMERY,AL 36104	63-1106545	GOVERNMENT ENTITY	100,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
ALEXIAN BROTHERS FOUNDATION3040 SALT CREEK LANE ARLINGTON HEIGHTS,IL 60005	36-4251846	501(C)(3)	50,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
ALLEGHANY HIGHLANDS FREE CLINIC103 OLD CHURCH ROAD LOW MOOR,VA 24457	54-1904342	501(C)(3)	30,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
AMERICAN-ITALIAN CANCER FOUNDATION112 EAST 71ST STREET SUITE 2B NEW YORK,NY 10021	13-3035711	501(C)(3)	113,583				NATIONAL MAMMOGRAPHY PROGRAM GRANT AND PATIENT NAVIGATION PROGRAM GRANT
BAPTIST HEALTH FOUNDATION9601 INTERSTATE 630 EXIT 7 LITTLE ROCK,AR 72205	23-7166407	501(C)(3)	31,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
BRATTLEBORO MEMORIAL HOSPITAL17 BELMONT AVE BRATTLEBORO,VT 05301	03-0107300	501(C)(3)	20,400				PATIENT NAVIGATION PROGRAM GRANT
BAYHEALTH FOUNDATION640 S STATE STREET DOVER,DE 19901	22-2559843	501(C)(3)	31,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
BETHESDA FOUNDATION10500 MONTGOMERY ROAD CINCINNATI,OH 45242	31-0537122	501(C)(3)	45,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
BOCA RATON COMMUNITY HOSPITAL690 MEADOWS ROAD BOCA RATON,FL 33486	59-1006663	501(C)(3)	35,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
BREAST CANCER CONNECTIONS390 CAMBRIDGE AVENUE PALO ALTO,CA 94306	77-0417605	501(C)(3)	76,000				PATIENT NAVIGATION PROGRAM GRANT AND NATIONAL MAMMOGRAPHY PROGRAM GRANT
							NATIONAL MAMMOGRAPHY PROGRAM GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BREAST CANCER RESOURCE CENTERPARK ST DAVIDS 900 EAST 30TH STREET SUITE 108 AUSTIN,TX 78705	74-2743333	501(C)(3)	35,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
CHARLESTON BREAST CENTER - RETURNED PRIOR YEAR GRANT1930 CHARLIE HALL BLVD CHARLESTON,SC 29414	20-3015793	501(C)(3)	-9,251				UNUSED NATIONAL MAMMOGRAPHY PROGRAM GRANT REFUNDED
CONVOY OF HOPE330 S PATTERSON AVE SPRINGFIELD,MO 65802	68-0051386	501(C)(3)	50,000				BREAST CANCER AWARENESS/ EDUCATION GRANT
FRED HUTCHINSON CANCER RESEARCH CENTER1100 FAIRVIEW AVE N J5-200 SEATTLE,WA 98109	23-7156071	501(C)(3)	25,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
FROEDTERT HOSPITAL FOUNDATION9200 WEST WISCONSIN AVE MILWAUKEE,WI 53226	39-6105970	501(C)(3)	12,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
GENESIS HEALTHCARE SYSTEMS1135 MAPLE AVENUE ZANESVILLE,OH 43701	31-1629304	501(C)(3)	25,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
HACKENSACK UNIVERSITY MEDICAL CENTER FOUNDATION360 ESSEX ST SUITE 301 HACKENSACK,NJ 076018566	22-1487576	501(C)(3)	12,500				NATIONAL MAMMOGRAPHY PROGRAM GRANT
KINGMAN REGIONAL MEDICAL CENTER FOUNDATION3269 STOCKTON HILL ROAD KINGMAN,AZ 864093619	74-2388735	501(C)(3)	63,347				PATIENT NAVIGATION PROGRAM GRANT
LIGA CONTRA EL CANCERLEAGUE AGAINST CANCER2180 SW 12 AVENUE MIAMI,FL 33129	59-1629554	501(C)(3)	30,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
LOS ANGELES CHRISTIAN HEALTH CENTERS311 WINSTON STREET LOS ANGELES,CA 90013	95-4315734	501(C)(3)	50,000				PATIENT NAVIGATION PROGRAM GRANT
LRGHEALTHCARE80 HIGHLAND STREET LACONIA,NH 03246	02-0222150	501(C)(3)	17,500				NATIONAL MAMMOGRAPHY PROGRAM GRANT
LSUHSC FOUNDATION 1615 POYDRAS ST STE 1400 NEW ORLEANS,LA 70112	72-1115391	501(C)(3)	15,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 HOSPITAL3800 JANES ROAD ARCATA,CA 95521	94-1698406	501(C)(3)	35,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
MAGEE WOMEN'S FOUNDATION3339 WARD STREET PITTSBURGH,PA 15213	25-1462312	501(C)(3)	45,000				PATIENT NAVIGATION PROGRAM GRANT
MAINE MEDICAL CENTER 100 CAMPUS DRIVE UNIT 110 SCARBOROUGH,ME 04074	01-0238552	501(C)(3)	49,546				PATIENT NAVIGATION PROGRAM GRANT
MARTIN MEMORIAL HEALTH SYSTEMS2135 SE OCEAN BLVD STUART,FL 349969010	59-2307522	501(C)(3)	12,500				NATIONAL MAMMOGRAPHY PROGRAM GRANT
MAYO FOUNDATION-ROCHESTER200 1ST STREET SW ROCHESTER,MN 55902	41-6011702	501(C)(3)	125,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT AND PATIENT NAVIGATION PROGRAM GRANT
METROHEALTH FOUNDATION INC2500 METROHEALTH DRIVE C-2110 CLEVELAND,OH 44109	34-6607695	501(C)(3)	65,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
MISSISSIPPI STATE DEPARTMENT OF HEALTH 570 E WOODROW WILSON JACKSON,MS 392151700	64-6000775	GOVERNMENT ENTITY	50,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
MONTANA DEPARTMENT OF PUBLIC HEALTH MONTANA CANCER CONTROL PROGRAMS 1400 BROADWAY RM C317 HELENA,MT 596202951	81-0302402	GOVERNMENT ENTITY	15,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
NEBRASKA MEDICAL CENTER987421 NEBRASKA MEDICAL CENTER OMAHA,NE 681987421	91-1858433	501(C)(3)	15,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
NEVADA HEALTH CENTERS 1802 N CARSON ST STE 100 CARSON CITY,NV 89701	94-3199117	501(C)(3)	90,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES50 E STATE STREET - 6TH TRENTON,NJ 086250364	21-6000928	GOVERNMENT ENTITY	40,345				NATIONAL MAMMOGRAPHY PROGRAM GRANT
OHIOHEALTH FOUNDATION180 E BROAD STREET 31 FL COLUMBUS,OH 43215	23-7446919	501(C)(3)	45,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
OKLAHOMA UNIVERSITY MEDICAL CENTER1000 STANTON L YOUNG BLVD BIRD LIBRARY STE 162 OKLA CITY,OK 73117	73-1477155	115(A)	60,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
PARKLAND HOSPITAL FOUNDATION2777 N STEMMONS FRWY SUITE 1700 DALLAS,TX 75207	75-2089180	501(C)(3)	175,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
POH RILEY FOUNDATION - REGIONAL MEDICAL CENTERPOH RILEY FOUNDATION 50 NORTH PERRY STREET PONTIAC,MI 48342	38-1428164	501(C)(3)	25,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
PRESBYTERIAN HOSPITAL FOUNDATION108 PROVIDENCE ROAD CHARLOTTE,NC 28207	58-1413074	501(C)(3)	77,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
QUEENS MEDICAL CENTER 1301 PUNCHBOWL STREET HONOLULU,HI 96813	99-0073524	501(C)(3)	7,821				PATIENT NAVIGATION PROGRAM GRANT
SHARP HEALTHCARE FOUNDATION8695 SPECTRUM CENTER BOULEVARD SAN DIEGO,CA 92123	95-2367304	501(C)(3)	15,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
SOUTH DAKOTA DEPARTMENT OF HEALTH ALL WOMEN COUNT 615 EAST 4TH STREET PIERRE,SD 57501	46-6000364	GOVERNMENT ENTITY	30,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
SPECTRUM HEALTH FOUNDATION100 MICHIGAN STREET NE-MC004 GRAND RAPIDS,MI 49503	38-1360529	501(C)(3)	75,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
SPRINGFIELD MEDICAL CARE SYSTEMS25 RIDGEWOOD ROAD SPRINGFIELD,VT 05156	03-0284813	501(C)(3)	20,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
ST ALPHONSUS6200 WEST EMERALD BOISE,ID 83706	82-0200895	501(C)(3)	100,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
ST JOSEPH HEALTH SERVICES OF RI200 HIGH SERVICE AVENUE NORTH PROVIDENCE,RI 02904	05-0259026	501(C)(3)	45,777				PATIENT NAVIGATION PROGRAM GRANT
ST LUKE'S BREAST CARE CENTERST LUKES HOSPITAL 232 SOUTH WOODS MILL ROAD CHESTERFIELD,MO 63017	43-0652680	501(C)(3)	50,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ST ROSE DOMINICAN HOSPITAL WOMENSCARE CENTER100 N GREEN VALLEY PKWY SUITE 300 HENDERSON,NV 89074	88-6164903	501(C)(3)	76,006				NATIONAL MAMMOGRAPHY PROGRAM GRANT
ST VINCENT HOSPITAL FOUNDATION8402 HARCOURT ROAD SUITE 210 INDIANAPOLIS,IN 46260	35-6088862	501(C)(3)	65,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
ST VINCENT'S MEDICAL CENTER2800 MAIN STREET BRIDGEPORT,CT 06606	22-2558132	501(C)(3)	25,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
SWEDISH COVENANT HOSPITAL5145 NORTH CALIFORNIA AVENUE CHICAGO,IL 60625	36-2179813	501(C)(3)	100,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
THE CLEVELAND CLINIC FOUNDATION9500 EUCLID AVENUE EE35 CLEVELAND,OH 44195	34-0714585	501(C)(3)	150,000				BREAST CANCER RESEARCH GRANT
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER6900 FANNIN SUITE 61000 HOUSTON,TX 77030	74-6001118	170(C)(1) & 115	564,098				NATIONAL MAMMOGRAPHY PROGRAM GRANT AND BREAST CANCER RESEARCH GRANT
THOMAS JEFFERSON UNIVERSITY1015 CHESTNUT STREET SUITE 617 PHILADELPHIA,PA 19107	23-2829095	501(C)(3)	50,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
UNIVERSITY HEALTH CARE FOUNDATION2100 CENTRAL AVENUE SUITE D-1 AUGUSTA,GA 30904	58-1343550	501(C)(3)	50,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
UNIVERSITY HEALTH SYSTEM INC1934 ALCOA HWY SUITE 473 KNOXVILLE,TN 37920	31-1626179	501(C)(3)	55,216				NATIONAL MAMMOGRAPHY PROGRAM GRANT
UNIVERSITY HOSPITAL FOUNDATION50 NORTH MEDICAL DRIVE SALT LAKE CITY,UT 84112	87-0474422	501(C)(3)	25,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
UNIVERSITY OF KANSAS CANCER CENTER2330 SHAWNEE MISSION STE 1102 WESTWOOD,KS 66205	48-0547734	501(C)(3)	50,000				PATIENT NAVIGATION PROGRAM GRANT
UNIVERSITY OF NEW MEXICO HOSPITAL700 LOMAS BLVD NE TWO WOODWARD CENTER SUITE 108 ALBUQUERQUE,NM 87102	85-0275408	501(C)(3)	12,500				NATIONAL MAMMOGRAPHY PROGRAM GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
VANDERBILT UNIVERSITY BREAST CANCER719 THOMPSON LANE SUITE 25008 NASHVILLE,TN 37204	62-0476822	501(C)(3)	40,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
WHITE MEMORIAL MEDICAL CENTER1720 CESAR E CHAVEZ AVENUE LOS ANGELES,CA 90033	95-3760201	501(C)(3)	100,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
WINTHROP P ROCKEFELLER CANCER INSTITUTE FOUNDATION 4301 W MARKHAM STREET MS 623F LITTLE ROCK,AR 72205	71-6056774	501(C)(3)	60,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT
WOMEN'S CENTER CENTER FOR BREAST CARE BRCH 609 MEADOWS ROAD BOCA RATON,FL 33486	59-1006663	501(C)(3)	12,500				NATIONAL MAMMOGRAPHY PROGRAM GRANT
WYOMING DEPARTMENT OF HEALTH6101 YELLOWSTONE RD SUITE 259A CHEYENNE,WY 82002	83-0208667	GOVERNMENT ENTITY	24,000				NATIONAL MAMMOGRAPHY PROGRAM GRANT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization NATIONAL BREAST CANCER FOUNDATION INC	Employer identification number 75-2391148
---	--

Part I

Questions Regarding Compensation

	Yes	No
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 idemnification 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)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 from the organization or a related organization?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only 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?		No
b Any related organization?		No
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?		No
b Any related organization?		No
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		No
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		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JANELLE HAIL CEOPRES	(i) (ii)	177,912 0	0 0	0 0	42,882 0	14,206 0	235,000 0	 0
(2) KEVIN HAIL COO	(i) (ii)	141,462 0	0 0	0 0	32,649 0	21,111 0	195,222 0	 0
(3) JOHN REECE CFO	(i) (ii)	130,486 0	0 0	0 0	23,449 0	21,057 0	174,992 0	 0
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NATIONAL BREAST CANCER FOUNDATION INC

Employer identification number
75-2391148

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
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 .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded	X	1	571	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—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 ► ()		See Add'l Data		
26 Other ► ()				
27 Other ► ()				
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 Acknowledgement			29	

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 non-cash 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

No

Yes

No

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 75-2391148

Name: NATIONAL BREAST CANCER FOUNDATION INC

Form 990 Schedule M, Part I - Types of Property

Property Type	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
EDUCATIONAL Other ▶ (MATERIALS)	X	91	1,064,371	FAIR MARKET VALUE
AWARENESS EVENT Other ▶ (ITEMS)	X	27	132,874	FAIR MARKET VALUE
EVENT GIFT Other ▶ (BAG ITEMS)	X	248	2,472	FAIR MARKET VALUE
DIAGNOSTIC MEDICAL EQUIPMENT Other ▶ (SYSTEM)	X	1	209,000	FAIR MARKET VALUE
Other ▶ (GIFT CARDS)	X	2	150	FAIR MARKET VALUE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
NATIONAL BREAST CANCER FOUNDATION INC

Employer identification number
75-2391148

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		THE CEO AND CO-FOUNDER 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 SENIOR VP DEVELOPMENT.

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		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 VICE PRESIDENT, ACCOUNTING 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.

Identifier	Return Reference	Explanation
	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 ANNUALLY AND RESPOND IN 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 IT 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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	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

Identifier	Return Reference	Explanation
	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 OTHER INFORMATION ABOUT NBCF IS AVAILABLE ON THE WEBSITE WWW.CHARITYNAVIGATOR.ORG.

Identifier	Return Reference	Explanation
		FORM 990, PART VI, LINE 17, ADDITIONAL INFORMATION FOR THE LIST OF STATES RECEIVING FORM 990, ID, DE, IN, IA, LA, MO, MT, NE, NV, SD, TX, VT, AND WY DO NOT REQUEST OR REQUIRE A COPY OF THE FORM 990 TO BE FILED

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 89,708

Identifier	Return Reference	Explanation
	FORM 990, PART XII, 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 TREA SURER, CEO, AND CFO

Identifier	Return Reference	Explanation
EUROPE TRIP	FORM 990, SCHEDULE, F, PART 1, QUESTION 3(D)	VIDEO TO DOCTORS AS AN INTERNATIONAL BREAST CANCER AWARENESS AND EDUCATIONAL RESOURCE