

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2011

Prepared for	NATIONAL BREAST CANCER FOUNDATION, INC. 2600 NETWORK BLVD. NO. 300 FRISCO, TX 75034
Prepared by	THE MB GROUP, LLC 5072 W PLANO PARKWAY, SUITE 150 PLANO, TX 75093
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

Return of Organization Exempt From Income Tax

2010

Department of the Treasury
Internal Revenue Service

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.

A For the **2010** calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL BREAST CANCER FOUNDATION, INC.	D Employer identification number 75-2391148
	Doing Business As	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2600 NETWORK BLVD. 300	E Telephone number (972) 248-9200
	City or town, state or country, and ZIP + 4 FRISCO, TX 75034	G Gross receipts \$ 15,532,825.
F Name and address of principal officer: JANELLE HAIL SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see Instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.NBCF.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1991 M State of legal domicile: TX

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,		
	2 Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	4
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	3
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	19
	6 Total number of volunteers (estimate if necessary)	6	3
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 10,003,856.	Current Year 11,732,204.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	50,000.	190,415.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	3.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,053,856.	11,922,622.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,033,930.	3,664,461.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,627,474.	1,960,086.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	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)	4,471,982.	4,771,545.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,133,386.	10,396,092.
19 Revenue less expenses. Subtract line 18 from line 12	1,920,470.	1,526,530.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 7,722,136.	End of Year 9,332,911.
	21 Total liabilities (Part X, line 26)	105,723.	100,260.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,616,413.	9,232,651.

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 CLIENT'S COPY	Date			
	JOHN T. REECE, II, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Janet H. Duinones CPA	Preparer's signature <i>Janet H. Duinones, CPA</i>	Date 09/29/11	Check <input type="checkbox"/> self-employed	PTIN
	Firm's name THE MB GROUP, LLC	Firm's EIN	Phone no. 469-865-1040		
Firm's address 5072 W PLANO PARKWAY, SUITE 150 PLANO, TX 75093					

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 [X] No

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

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.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
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>	X	
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>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 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>		X
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>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 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>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
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> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, sub-part, and Yes/No columns. Includes questions 1a-14b regarding Form 1096, Form W-2G, Form W-3, foreign accounts, tax shelter transactions, and contributions.

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

Check if Schedule O contains a response 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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JO ANN TIMBERLAKE, VICE PRESIDENT, ACCOUNTING - 972-248-9200**
2600 NETWORK BLVD., STE. 300, FRISCO, TX 75034

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JANELLE HAIL, CEO/PRES. OFFICER/ CHAIRMAN OF BOD	40.00	X		X			177,912.	0.	57,088.	
MYRA BROWN SECRETARY OF BOD	2.00	X					0.	0.	0.	
RONALD BROOKS TREASURER OF BOD	2.00	X					0.	0.	0.	
STEVE ENGLE DIRECTOR	2.00	X					0.	0.	0.	
KEVIN HAIL, COO OFFICER	40.00			X			141,462.	0.	53,760.	
JOHN REECE, CFO OFFICER	40.00			X			130,486.	0.	44,506.	
JO ANN TIMBERLAKE VICE PRESIDENT, ACCOUNTING	40.00					X	101,179.	0.	41,618.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							551,039.	0.	196,972.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
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? If "Yes," complete Schedule J for such individual		X
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? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

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	1 a 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: \$		1409438.				
	h Total. Add lines 1a-1f			11,732,204.			
Program Service Revenue				Business Code			
	2 a _____						
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			186,390.	186,390.		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		3,614,228.					
		b Less: cost or other basis and sales expenses					
		3,607,693.	2,510.				
	c Gain or (loss)	6,535.	-2,510.				
	d Net gain or (loss)			4,025.	4,025.		
	8 a 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							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	2.					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory			2.	2.		
Miscellaneous Revenue			Business Code				
11 a 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.
11 Fees for services (non-employees):				
a 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 <input type="checkbox"/> 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) Beginning of year		(B) 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)		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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate 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?		X
3b	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 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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?

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

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

(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 section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	96.00	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	95.15	%
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			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 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			<input type="checkbox"/>
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			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number

75-2391148

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

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if 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:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI 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 through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				258,955.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) US GOVERNMENT BACKED		
(B) BONDS	2,981,552.	END-OF-YEAR MARKET VALUE
(C) AAA/AA RATED CORPORATE		
(D) BONDS	1,746,881.	END-OF-YEAR MARKET VALUE
(E) MUTUAL FUNDS	1,840,410.	END-OF-YEAR MARKET VALUE
(F) CERTIFICATES OF DEPOSITS	925,840.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	7,494,683.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER RECEIVABLE	368,712.
(2) PREPAID EXPENSES	237,583.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	606,295.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DEFERRED RENT	36,874.
(3) DEFERRED PTO LIABILITY	34,541.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	71,415.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	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 through 8	9	89,708.
10	Excess or (deficit) for the year per audited 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 must 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 must 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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING -2.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON SALE OF EQUIPMENT -2,510.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

Part XIV Supplemental Information (continued)

ROUNDING -1.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON SALE OF EQUIPMENT -2,510.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

Employer identification number

NATIONAL BREAST CANCER FOUNDATION, INC.

75-2391148

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EUROPE	0	0	SPOKE AT A MEDICAL SYMPOSIUM, PRESENTING BEYOND THE SHOCK(SEE SCH O FOR CONTINUATION)	PROVIDED AN EDUCATIONAL RESOURCE FOR PROGRAM PROVIDERS TO GIVE TO BREAST CANCER PATIENTS	57,833.
3 a Sub-total	0	0			57,833.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			57,833.

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

Schedule F (Form 990) 2010

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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 **X**
 Part II can be duplicated 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	0.		COST
		EUROPE	MEMBERSHIP IN INTERNATIONAL MEDICAL CANCER SYMPOSIUM 50% CALENDAR YEAR 2011	18,367.	WIRE TRANSFER	0.		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.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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, Return by a U.S. Transferor of Property to a Foreign Corporation (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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: THE SUBSTANTIATION OF THE AMOUNT OF ASSISTANCE PROVIDED TO ORGANIZATIONS IS BASED ON NEEDS EXPRESSED BY ORGANIZATIONS, BALANCED WITH THE TYPICAL RANGE OF NBCF GRANTS MADE TO ANY ONE ORGANIZATION. THE \$54,072 (37,500 EUROS) ASSISTANCE MADE TO THE MEDICAL SYMPOSIUM IS WITHIN THIS RANGE. THE ELIGIBILITY FOR ASSISTANCE IS DETERMINED BY A REVIEW OF THE ORGANIZATION'S PROGRAM OFFERINGS AND ITS ALIGNMENT WITH NBCF'S MISSION. THE NBCF MISSION IS TO SAVE LIVES THROUGH EARLY DETECTION AND TO PROVIDE MAMMOGRAMS FOR THOSE IN NEED. OUR MISSION INCLUDES INCREASING AWARENESS THROUGH EDUCATION, PROVIDING DIAGNOSTIC BREAST CARE SERVICES FOR THOSE IN NEED, AND PROVIDING NURTURING SUPPORT SERVICES. THE SYMPOSIUM PROGRAM WAS REVIEWED AND DETERMINED TO BE IN ALIGNMENT WITH OUR MISSION OF PROVIDING AWARENESS THROUGH EDUCATION, NURTURING SUPPORT SERVICES, AND EARLY DETECTION. THE SELECTION CRITERIA WAS BASED ON NBCF'S ABILITY TO EXTEND AND EXPAND ITS REACH OF FULFILLING ITS MISSION OF EARLY DETECTION AND AWARENESS OF BREAST CANCER. THE SYMPOSIUM IN PARTICULAR WAS ALSO RECOMMENDED BY AN ESTABLISHED PROGRAM PARTNER OF NBCF, AND WAS THE VENUE FOR LAUNCHING OUR MULTI-LANGUAGE EDUCATION PROGRAM.

SCHEDULE F, PART I, LINE 3: COST

PART I, LINE 3, COLUMN (E):

REGION: EUROPE

(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDED AN EDUCATIONAL RESOURCE FOR PROGRAM PROVIDERS TO GIVE TO BREAST CANCER PATIENTS AND SUPPORTERS INTERNATIONALLY AND NATIONALLY.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ 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 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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVENTIST MEDICAL CENTER 10123 SE MARKET STREET PORTLAND, OR 97216	93-0429015	501(C)(3)	25,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
ALABAMA DEPARTMENT OF PUBLIC HEALTH - RSA TOWER 201 MONROE STREET, SUITE 1364 - MONTGOMERY, AL 36104	63-1106545	GOVERNMENT ENTITY	100,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
ALEXIAN BROTHERS FOUNDATION 3040 SALT CREEK LANE ARLINGTON HEIGHTS, IL 60005	36-4251846	501(C)(3)	50,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
ALLEGHANY HIGHLANDS FREE CLINIC 103 OLD CHURCH ROAD LOW MOOR, VA 24457	54-1904342	501(C)(3)	30,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
AMERICAN-ITALIAN CANCER FOUNDATION 112 EAST 71ST STREET, SUITE 2B NEW YORK, NY 10021	13-3035711	501(C)(3)	113,583.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT AND PATIENT NAVIGATION PROGRAM GRANT
BAPTIST HEALTH FOUNDATION 9601 INTERSTATE 630, EXIT 7 LITTLE ROCK, AR 72205	23-7166407	501(C)(3)	31,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT

2 Enter total number of section 501(c)(3) and government organizations: 62.

3 Enter total number of other organizations: 2.

NATIONAL BREAST CANCER FOUNDATION, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRATTLEBORO MEMORIAL HOSPITAL 17 BELMONT AVE. BRATTLEBORO, VT 05301	03-0107300	501(C)(3)	20,400.	0.			PATIENT NAVIGATION PROGRAM GRANT
BAYHEALTH FOUNDATION 640 S STATE STREET DOVER, DE 19901	22-2559843	501(C)(3)	31,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
BETHESDA FOUNDATION 10500 MONTGOMERY ROAD CINCINNATI, OH 45242	31-0537122	501(C)(3)	45,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
BOCA RATON COMMUNITY HOSPITAL 690 MEADOWS ROAD BOCA RATON, FL 33486	59-1006663	501(C)(3)	35,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
BREAST CANCER CONNECTIONS 390 CAMBRIDGE AVENUE PALO ALTO, CA 94306	77-0417605	501(C)(3)	76,000.	0.			PATIENT NAVIGATION PROGRAM GRANT AND NATIONAL MAMMOGRAPHY PROGRAM GRANT
BREAST CANCER RESOURCE CENTER PARK ST DAVID'S 900 EAST 30TH STREET SUITE 108 - AUSTIN, TX 78705	74-2743333	501(C)(3)	35,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
CHARLESTON BREAST CENTER - RETURNED PRIOR YEAR GRANT - 1930 CHARLIE HALL BLVD - CHARLESTON, SC 29414	20-3015793	501(C)(3)	-9,251.	0.			UNUSED NATIONAL MAMMOGRAPHY PROGRAM GRANT REFUNDED
CONVOY OF HOPE 330 S. PATTERSON AVE. SPRINGFIELD, MO 65802	68-0051386	501(C)(3)	50,000.	0.			BREAST CANCER AWARENESS/ EDUCATION GRANT
FRED HUTCHINSON CANCER RESEARCH CENTER - 1100 FAIRVIEW AVE., N. -J5-200 - SEATTLE, WA 98109	23-7156071	501(C)(3)	25,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT

NATIONAL BREAST CANCER FOUNDATION, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRODEPTERT HOSPITAL FOUNDATION 9200 WEST WISCONSIN AVE. MILWAUKEE, WI 53226	39-6105970	501(C)(3)	12,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
GENESIS HEALTHCARE SYSTEMS 1135 MAPLE AVENUE ZANESVILLE, OH 43701	31-1629304	501(C)(3)	25,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
HACKENSACK UNIVERSITY MEDICAL CENTER FOUNDATION - 360 ESSEX ST. SUITE 301 - HACKENSACK, NJ 07601-8566	22-1487576	501(C)(3)	12,500.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
KINGMAN REGIONAL MEDICAL CENTER FOUNDATION - 3269 STOCKTON HILL ROAD - KINGMAN, AZ 86409-3619	74-2388735	501(C)(3)	63,347.	0.			PATIENT NAVIGATION PROGRAM GRANT
LIGA CONTRA EL CANCER/LEAGUE AGAINST CANCER - 2180 SW 12 AVENUE - MIAMI, FL 33129	59-1629554	501(C)(3)	30,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
LOS ANGELES CHRISTIAN HEALTH CENTERS - 311 WINSTON STREET - LOS ANGELES, CA 90013	95-4315734	501(C)(3)	50,000.	0.			PATIENT NAVIGATION PROGRAM GRANT
LRGHEALTHCARE 80 HIGHLAND STREET LACONIA, NH 03246	02-0222150	501(C)(3)	17,500.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
LSUHSC FOUNDATION 1615 POYDRAS ST., STE 1400 NEW ORLEANS, LA 70112	72-1115391	501(C)(3)	15,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
MAD RIVER COMMUNITY HOSPITAL 3800 JANES ROAD ARCATA, CA 95521	94-1698406	501(C)(3)	35,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT

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NATIONAL BREAST CANCER FOUNDATION, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAGEE WOMEN'S FOUNDATION 3339 WARD STREET PITTSBURGH, PA 15213	25-1462312	501(C)(3)	45,000.	0.			PATIENT NAVIGATION PROGRAM GRANT
MAINE MEDICAL CENTER 100 CAMPUS DRIVE, UNIT 110 SCARBOROUGH, ME 04074	01-0238552	501(C)(3)	49,546.	0.			PATIENT NAVIGATION PROGRAM GRANT
MARTIN MEMORIAL HEALTH SYSTEMS 2135 SE OCEAN BLVD. STUART, FL 34996-9010	59-2307522	501(C)(3)	12,500.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
MAYO FOUNDATION-ROCHESTER 200 1ST STREET SW ROCHESTER, MN 55902	41-6011702	501(C)(3)	125,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT AND PATIENT NAVIGATION PROGRAM GRANT
METROHEALTH FOUNDATION, INC. 2500 METROHEALTH DRIVE, C-2110 CLEVELAND, OH 44109	34-6607695	501(C)(3)	65,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
MISSISSIPPI STATE DEPARTMENT OF HEALTH - 570 E. WOODROW WILSON - JACKSON, MS 39215-1700	64-6000775	GOVERNMENT ENTITY	50,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
MONTANA DEPARTMENT OF PUBLIC HEALTH - MONTANA CANCER CONTROL PROGRAMS, 1400 BROADWAY, RM C317 - HELENA, MT 59620-2951	81-0302402	GOVERNMENT ENTITY	15,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
NEBRASKA MEDICAL CENTER 987421 NEBRASKA MEDICAL CENTER OMAHA, NE 68198-7421	91-1858433	501(C)(3)	15,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
NEVADA HEALTH CENTERS 1802 N. CARSON ST, STE. 100 CARSON CITY, NV 89701	94-3199117	501(C)(3)	90,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT

LHA

Schedule I (Form 990)

NATIONAL BREAST CANCER FOUNDATION, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES - 50 E. STATE STREET - 6TH - TRENTON, NJ 08625-0364	21-6000928	GOVERNMENT ENTITY	40,345.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
OHIOHEALTH FOUNDATION 180 E. BROAD STREET, 31 FL., COLUMBUS, OH 43215	23-7446919	501(C)(3)	45,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
OKLAHOMA UNIVERSITY MEDICAL CENTER 1000 STANTON L. YOUNG BLVD, BIRD LIBRARY, STE 162 - OKLA CITY, OK 73117	73-1477155	115(A)	60,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
PARKLAND HOSPITAL FOUNDATION 2777 N. STEMMONS FRWY, SUITE 1700 DALLAS, TX 75207	75-2089180	501(C)(3)	175,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
POH RILEY FOUNDATION - REGIONAL MEDICAL CENTER - POH RILEY FOUNDATION, 50 NORTH PERRY STREET - PONTIAC, MI 48342	38-1428164	501(C)(3)	25,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
PRESBYTERIAN HOSPITAL FOUNDATION 108 PROVIDENCE ROAD CHARLOTTE, NC 28207	58-1413074	501(C)(3)	77,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
QUEENS MEDICAL CENTER 1301 PUNCHBOWL STREET HONOLULU, HI 96813	99-0073524	501(C)(3)	7,821.	0.			PATIENT NAVIGATION PROGRAM GRANT
SHARP HEALTHCARE FOUNDATION 8695 SPECTRUM CENTER BOULEVARD SAN DIEGO, CA 92123	95-2367304	501(C)(3)	15,000.	0.			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.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECTRUM HEALTH FOUNDATION 100 MICHIGAN STREET NE-MC004 GRAND RAPIDS, MI 49503	38-1360529	501(C)(3)	75,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
SPRINGFIELD MEDICAL CARE SYSTEMS 25 RIDGEWOOD ROAD SPRINGFIELD, VT 05156	03-0284813	501(C)(3)	20,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
ST. ALPHONSUS 6200 WEST EMERALD BOISE, ID 83706	82-0200895	501(C)(3)	100,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
ST. JOSEPH HEALTH SERVICES OF RI 200 HIGH SERVICE AVENUE NORTH PROVIDENCE, RI 02904	05-0259026	501(C)(3)	45,777.	0.			PATIENT NAVIGATION PROGRAM GRANT
ST. LUKE'S BREAST CARE CENTER ST. LUKE'S HOSPITAL 232 SOUTH WOODS MILL ROAD - CHESTERFIELD, MO 63017	43-0652680	501(C)(3)	50,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
ST. ROSE DOMINICAN HOSPITAL, WOMENSCARE CENTER - 100 N. GREEN VALLEY PKWY, SUITE 300 - HENDERSON, NV 89074	88-6164903	501(C)(3)	76,006.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
ST. VINCENT HOSPITAL FOUNDATION 8402 HARCOURT ROAD, SUITE 210 INDIANAPOLIS, IN 46260	35-6088862	501(C)(3)	65,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
ST. VINCENT'S MEDICAL CENTER 2800 MAIN STREET BRIDGEPORT, CT 06606	22-2558132	501(C)(3)	25,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
SWEDISH COVENANT HOSPITAL 5145 NORTH CALIFORNIA AVENUE CHICAGO, IL 60625	36-2179813	501(C)(3)	100,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT

LHA

Schedule I (Form 990)

NATIONAL BREAST CANCER FOUNDATION, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE EE35 CLEVELAND, OH 44195	34-0714585	501(C)(3)	150,000.	0.			BREAST CANCER RESEARCH GRANT
THE UNIVERSITY OF TEXAS M.D. ANDERSON CANCER CENTER - 6900 FANNIN, SUITE 6.1000 - HOUSTON, TX 77030	74-6001118	170(C)(1) & 115	564,098.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT AND BREAST CANCER RESEARCH GRANT
THOMAS JEFFERSON UNIVERSITY 1015 CHESTNUT STREET, SUITE 617 PHILADELPHIA, PA 19107	23-2829095	501(C)(3)	50,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
UNIVERSITY HEALTH CARE FOUNDATION 2100 CENTRAL AVENUE, SUITE D-1 AUGUSTA, GA 30904	58-1343550	501(C)(3)	50,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
UNIVERSITY HEALTH SYSTEM, INC. 1934 ALCOA HWY, SUITE 473 KNOXVILLE, TN 37920	31-1626179	501(C)(3)	55,216.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
UNIVERSITY HOSPITAL FOUNDATION 50 NORTH MEDICAL DRIVE SALT LAKE CITY, UT 84112	87-0474422	501(C)(3)	25,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
UNIVERSITY OF KANSAS CANCER CENTER 2330 SHAWNEE MISSION, STE 1102 WESTWOOD, KS 66205	48-0547734	501(C)(3)	50,000.	0.			PATIENT NAVIGATION PROGRAM GRANT
UNIVERSITY OF NEW MEXICO HOSPITAL 700 LOMAS BLVD. NE, TWO WOODWARD CENTER, SUITE 108 - ALBUQUERQUE, NM 87102	85-0275408	501(C)(3)	12,500.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
VANDERBILT UNIVERSITY BREAST CANCER - 719 THOMPSON LANE, SUITE 25008 - NASHVILLE, TN 37204	62-0476822	501(C)(3)	40,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT

NATIONAL BREAST CANCER FOUNDATION, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITE MEMORIAL MEDICAL CENTER 1720 CESAR E. CHAVEZ AVENUE LOS ANGELES, CA 90033	95-3760201	501(C)(3)	100,000.	0.			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.	0.			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.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
WYOMING DEPARTMENT OF HEALTH 6101 YELLOWSTONE RD., SUITE 259A CHEYENNE, WY 82002	83-0208667	GOVERNMENT ENTITY	24,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE NATIONAL MAMMOGRAPHY PROGRAM (NMP) NETWORK PARTNER-MEDICAL FACILITY PROVIDER GRANT APPLICATION REQUIRES THE GRANTEE ORGANIZATIONS TO DOCUMENT THEIR QUALIFICATION FOR A NMP GRANT. AMONG OTHER CRITERIA, THE FACILITIES MUST BE CAPABLE TO DELIVER MAMMOGRAMS, HAVE THE CAPACITY TO RUN A NCBF MAMMOGRAPHY PROGRAM, AND HAVE A POTENTIAL POOL OF RECIPIENTS CONSISTENT WITH THE NBCF TARGET DEMOGRAPHIC OF UNDERSERVED WOMEN UNDER MEDICARE AGE. OUR FUNDING IS RESTRICTED EXCLUSIVELY FOR SCREENING AND DIAGNOSTIC MAMMOGRAMS AND ULTRASOUNDS, CLINICAL BREAST EXAMS AND CAD READINGS. GRANTEE ORGANIZATIONS ARE ENCOURAGED TO DEVELOP A PROCESS FOR A

Part IV Supplemental Information

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

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

GRANTEE ORGANIZATIONS RECEIVING NMP PATIENT NAVIGATION PROGRAM GRANTS MUST REPORT THE FOLLOWING TO NBCF: PROGRAM COORDINATOR ACTIVITIES, PROCESSES, TYPES OF SERVICES PROVIDED, NUMBER OF WOMEN SERVICED THROUGH NAVIGATION, TIMELINESS OF CARE, AND THE AMOUNT OF GRANT FUNDS USED TO-DATE.

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
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?	2	
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. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> 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?	4a	X
	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
	c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
	a The organization?	5a	X
	b Any related organization?	5b	X
	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?	6a	X
	b Any related organization?	6b	X
	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	7	X
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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2010

NATIONAL BREAST CANCER FOUNDATION, INC. 75-2391148

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, CEO/PRES.	177,912.	0.	0.	42,882.	14,206.	235,000.	0.
2 KEVIN HAIL, COO	141,462.	0.	0.	32,649.	21,111.	195,222.	0.
3 JOHN REECE, CFO	130,486.	0.	0.	23,449.	21,057.	174,992.	0.
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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 noncash 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 ▶ (EDUCATIONAL M)	X	91	1,064,371.	FAIR MARKET VALUE
26	Other ▶ (DIAGNOSTIC ME)	X	1	209,000.	FAIR MARKET VALUE
27	Other ▶ (AWARENESS EVE)	X	27	132,874.	FAIR MARKET VALUE
28	Other ▶ (EVENT GIFT BA)	X	248	2,472.	FAIR MARKET VALUE

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**

	Yes	No
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?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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.

PART I, OTHER TYPES OF PROPERTY:

GIFT CARDS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 2

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 150.

(D) METHOD OF DETERMINING REVENUE: 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 990-EZ 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

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

INCREASING AWARENESS THROUGH EDUCATION, AND PROVIDING NURTURING SUPPORT SERVICES.

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.

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.

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

Name of the organization

NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number

75-2391148

ACTION IS TAKEN SUCH AS THE CONFLICTED BOARD MEMBER NOT PARTICIPATING IN DISCUSSIONS OR VOTING ON RELATED ISSUES. DEPENDENT ON THE NATURE OF THE CONFLICT, THE NON-CONFLICTED BOARD MEMBERS MAY PROPOSE AND VOTE ON A MOTION CONCERNING THE RESOLUTION OF CONFLICT.

FORM 990, PART VI, SECTION B, 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.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: 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

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.

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

Name of the organization

NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number

75-2391148

FILED.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:

89,708.

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 TREASURER, CEO, AND CFO.

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

EUROPE TRIP

VIDEO TO DOCTORS AS AN INTERNATIONAL BREAST CANCER AWARENESS AND EDUCATIONAL RESOURCE.