

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2008** calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type: See Specific Instructions.	C Name of organization NATIONAL BREAST CANCER FOUNDATION, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2600 NETWORK BLVD. 300 City or town, state or country, and ZIP + 4 FRISCO, TX 75034	D Employer identification number 75-2391148 E Telephone number (972) 248-9200 G Gross receipts \$ 10,194,111. 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) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.NBCF.ORG	
K Type 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	

Part I Summary		
	1 Briefly describe the organization's mission or most significant activities: TO SAVE LIVES THROUGH EARLY DETECTION OF BREAST CANCER AND PROVIDE MAMMOGRAMS 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 assets.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3 5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 4
	5 Total number of employees (Part V, line 2a)	5 16
	6 Total number of volunteers (estimate if necessary)	6 4
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	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)
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		112,484. <779,486.>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<17,336.> 208.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,236,422. 8,107,463.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,335,061.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	890,633. 1,384,418.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	736,227.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,529,685. 3,258,652.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,420,318. 6,978,131.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	816,104. 1,129,332.
	20 Total assets (Part X, line 16)	Beginning of Year: 4,314,680. End of Year: 5,723,002.
	21 Total liabilities (Part X, line 26)	104,699. 104,874.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,209,981. 5,618,128.

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer: <i>Janelle Hail</i> Type or print name and title: Janelle Hail-CEO	Date: 10/30/2009	
Paid Preparer's Use Only	Preparer's signature: <i>[Signature]</i> Firm's name (or yours if self-employed), address, and ZIP + 4: THE MB GROUP, LLC 5072 W PLANO PARKWAY, SUITE 150 PLANO, TEXAS 75093	Date: 10/29/2009 Check if self-employed: <input type="checkbox"/>	Preparer's identifying number (see instructions): P00726888 EIN ▶ Phone no. ▶ 469-865-1040

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

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

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

Yes No

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

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

Yes No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,495,253. including grants of \$ 1,860,061.) (Revenue \$ 0.)

FUNDING OF MAMMOGRAPHY PROGRAMS IN AUTHORIZED FACILITIES NATIONALLY WITH A CONCENTRATED EFFORT TO REACH UNDERSERVED/UNINSURED WOMEN AND TO INCREASE EARLY DETECTION OF BREAST CANCER IN THIS AT RISK GROUP WITH AN ESTIMATED 15,000 FREE MAMMOGRAMS AND PATIENT NAVIGATION PROGRAMS.

4b (Code:) (Expenses \$ 2,386,691. including grants of \$ 0.) (Revenue \$ 0.)

DESIGNED AND DELIVERED EDUCATIONAL MATERIALS UTILIZED BY OVER 1,250,000 BREAST CANCER PATIENTS AND SUPPORTERS NATIONALLY AND INTERNATIONALLY, INCLUDING EDUCATIONAL MATERIALS ON NBCF.ORG, BEYOND THE SHOCK EDUCATIONAL PROGRAM, BREAST CANCER EDUCATION BROCHURES, AND MEDIA PRESENTATIONS.

4c (Code:) (Expenses \$ 611,125. including grants of \$ 475,000.) (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 \$ 57,480. including grants of \$ 0.) (Revenue \$ 0.)

4e Total program service expenses \$ 5,550,549. (Must equal Part IX, Line 25, column (B).)

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? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any 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 hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school as 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 U.S.?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</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, Part II</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, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21	Did the organization report more than \$5,000 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 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, questions 3, 4, or 5? <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 questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	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
25b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <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, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 19		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 16		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>			
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that 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 organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material 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	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	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?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or 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

		Yes	No
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? Describe the process in Schedule O. (see instructions)	X	
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	NONE
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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, CPA, CMA - 972-248-9200 2600 NETWORK BLVD., FRISCO, TX 75034

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(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 PRES/CEO/OFFICER CHAIRMA	40.00	X		X		X	151,750.	0.	57,173.	
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.	
TODD LINSKY DIRECTOR	2.00	X					0.	0.	0.	
KEVIN HAIL COO / OFFICER	40.00			X		X	120,986.	0.	56,369.	
JOHN REECE CFO/OFFICER	0.00			X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(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 Total							272,736.	0.	113,542.	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **2**

	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 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
FIREHOST/TARGETSCOPE, 1001 E. 15TH STREET, SUITE 200, PLANO, TX 75074	PROGRAMING	313,289.
COMPUTEKS, 5015 ADDISON CIRCLE, #521, ADDISON, TX 75001	IT SUPPORT	164,139.
WAYQUEST, 5700 GRANITE PARKWAY, STE 200, PLANO, TX 75027	CONSULTING	130,284.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **3**

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	105,932.					
	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	8,780,809.					
	g Noncash contributions included in lines 1a-1f \$		660,756.					
	h Total. Add lines 1a-1f			8886741.				
	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)			71,740.	71,740.			
	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					
		1,233,017.	2,405.					
		b Less: cost or other basis and sales expenses						
		2,063,085.	23,563.					
	c Gain or (loss)	<830,068.>	<21158.>					
	d Net gain or (loss)			<851,226.>	<851,226.>			
	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		208.					
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory			208.	208.			
Miscellaneous Revenue			Business Code					
11 a	a							
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e				8107463.	<779,278.>	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	2,335,061.	2,335,061.		
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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	316,644.	270,016.	16,277.	30,351.
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	642,652.	262,256.	230,448.	149,948.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	171,676.	97,338.	43,897.	30,441.
9 Other employee benefits	183,899.	88,419.	52,006.	43,474.
10 Payroll taxes	69,547.	37,225.	18,742.	13,580.
11 Fees for services (non-employees):				
a Management				
b Legal	31,816.	19,678.	525.	11,613.
c Accounting	14,206.		14,206.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	383,544.	223,877.	53,937.	105,730.
12 Advertising and promotion	137,437.	8,438.	12,498.	116,501.
13 Office expenses	187,673.	92,811.	40,602.	54,260.
14 Information technology	119,039.	35,758.	46,386.	36,895.
15 Royalties				
16 Occupancy	250,859.	101,988.	100,009.	48,862.
17 Travel	109,237.	70,667.	9,466.	29,104.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	31,465.	13,434.	5,708.	12,323.
20 Interest	2,470.	840.	815.	815.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	150,562.	92,441.	34,513.	23,608.
23 Insurance	29,752.	21,676.	4,624.	3,452.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a EDUCATIONAL PROGRAMS	1,775,057.	1,775,057.		
b AWARDS/RECOGNITION	15,537.			15,537.
c LICENSES/MEMBERSHIP FEE	13,540.	2,091.	1,843.	9,606.
d CONTRACT LABOR	5,829.	1,305.	4,397.	127.
e PAYROLL EXPENSE	456.		456.	
f All other expenses	173.	173.		
25 Total functional expenses. Add lines 1 through 24f	6,978,131.	5,550,549.	691,355.	736,227.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	310,471.	1	1,903,389.
	2	Savings and temporary cash investments	385,234.	2	937,368.
	3	Pledges and grants receivable, net	1,383,229.	3	1,654,243.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	5,391.
	9	Prepaid expenses and deferred charges	59,277.	9	
	10a	Land, buildings, and equipment: cost basis	10a 822,656.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 348,635.		
			456,137.	10c	474,021.
	11	Investments - publicly traded securities	1,673,421.	11	659,679.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	46,911.	15	88,911.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,314,680.	16	5,723,002.	
Liabilities	17	Accounts payable and accrued expenses	73,298.	17	11,611.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow 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	31,401.	23	26,063.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	0.	25	67,200.
	26	Total liabilities. Add lines 17 through 25	104,699.	26	104,874.
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	4,209,981.	27	5,618,128.
	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	4,209,981.	33	5,618,128.
	34	Total liabilities and net assets/fund balances	4,314,680.	34	5,723,002.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 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?		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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: (Please check only one organization.)

- 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). (Attach Schedule H.)
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 [X] 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 the Part III.)
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III - Functionally integrated d Type III - Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the organizations the organization supports.

Table with 3 columns: Question (11g(i), 11g(ii), 11g(iii)), Yes, No

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,064,435.	3,935,605.	5,281,436.	7,141,274.	8,225,984.	27,648,734.
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 - 3	3,064,435.	3,935,605.	5,281,436.	7,141,274.	8,225,984.	27,648,734.
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)						1,815,780.
6 Public Support. Subtract line 5 from line 4.						25,832,954.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	3,064,435.	3,935,605.	5,281,436.	7,141,274.	8,225,984.	27,648,734.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25,233.	78,863.	99,946.	112,484.	71,740.	388,266.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		797.	24,559.	818.	208.	26,382.
11 Total support. Add lines 7 through 10						28,063,382.
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 2008 (line 6, column (f) divided by line 11, column (f))	14	92.05 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	83.81 %
16a 33 1/3% support test - 2008. 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 - 2007. 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 - 2008. 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 - 2007. 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. 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

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008
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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other 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).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

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

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

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

3 Using the organization's 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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	229,066.		128,839.	100,227.
d Equipment	515,713.		179,710.	336,003.
e Other	77,877.		40,086.	37,791.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				474,021.

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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

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
Total. (Col (b) should 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
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	

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

(a) Description of liability	(b) Amount	
Federal income taxes		
CREDIT CARD PAYABLE	17,030.	
PAYROLL TAXES PAYABLE	23.	
DEFERRED RENT	50,147.	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	67,200.	

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.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,107,463.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,978,131.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,129,332.
4	Net unrealized gains (losses) on investments	4	113,071.
5	Donated services and use of facilities	5	165,746.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	<2.>
9	Total adjustments (net). Add lines 4-8	9	278,815.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	1,408,147.

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	8,407,438.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	113,071.
b	Donated services and use of facilities	2b	165,746.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	278,817.
3	Subtract line 2e from line 1	3	8,128,621.
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	<21,158.>
c	Add lines 4a and 4b	4c	<21,158.>
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	8,107,463.

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

1	Total expenses and losses per audited financial statements	1	6,999,289.
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	21,158.
e	Add lines 2a through 2d	2e	21,158.
3	Subtract line 2e from line 1	3	6,978,131.
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	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	6,978,131.

Part XIV Supplemental Information

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

PART XII, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON SALE OF EQUIPMENT: -21158.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON SALE OF EQUIPMENT: 21158.

PART XI, LINE 8:

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

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

**Open to Public
Inspection**

Name of the organization

NATIONAL BREAST CANCER FOUNDATION, INC.

**Employer identification number
75-2391148**

Yes **No**

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?

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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVENTIST MEDICAL CENTER 10123 SE MARKET STREET PORTLAND, OR 97216	93-0429015	501(C)(3)	50,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
ALABAMA DEPARTMENT OF PUBLIC HEALTH - 201 MONROE STREET - MONTGOMERY, AL 36104	63-1106545	170(C)(1) & 115	60,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
ALLEGHANY HIGHLANDS FREE CLINIC 103 OLD CHURCH ROAD LOW MOOR, VA 24457	54-1904342	501(C)(3)	50,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
AMERICAN-ITALIAN CANCER FOUNDATION 112 EAST 71ST STREET NEW YORK, NY 10021	13-3035711	501(C)(3)	150,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
BAPTIST HEALTH FOUNDATION 9601 INTERSTATE 630, EXIT 7 LITTLE ROCK, AR 72205	23-7166407	501(C)(3)	30,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
BETHESDA FOUNDATION 10506 MONTGOMERY ROAD CINCINNATI, OH 45242	31-0537122	501(C)(3)	60,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN

2 Enter total number of section 501(c)(3) and government organizations **▶ 36.**

3 Enter total number of other organizations **▶ 5.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2008**

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

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
**▲ Attach to Form 990 to list additional information for
 Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047
2008

**Open to Public
Inspection**

Name of the organization

NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number
75-2391148

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOCA RATON GENERAL MEDICAL CENTER FOUNDATION - 8490 PICARDY - BOCA RATON, FL 70809	59-1006663	501(C)(3)	25,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
CHARLESTON BREAST CENTER 1930 CHARLIE HALL BLVD, CHARLESTON, SC 29414	20-3015793	501(C)(3)	40,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE BE35 CLEVELAND, OH 44195	34-0714585	501(C)(3)	25,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
FAIRFIELD MEDICAL CENTER 401 NORTH EWING STREET LANCASTER, OH 43130	20-8952945	501(C)(3)	25,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
FRED HUTCHINSON CANCER RESEARCH CENTER - 1100 FAIRVIEW AVENUE N, J5-200 - SEATTLE, WA 98109	23-7156071	501(C)(3)	50,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
GENESIS HEALTHCARE FOUNDATION 1135 MAPLE AVENUE ZANESVILLE, OH 43701	31-1629304	501(C)(3)	25,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
GOOD NEWS CLINICS 810 PINE STREET GAINESVILLE, GA 30501	58-2058853	501(C)(3)	25,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
HENRY FORD HEALTH SYSTEM ONE FORD PLACE 5A DETROIT, MI 48202	38-1357020	501(C)(3)	25,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN

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

3 Enter total number of other organizations

Name of the organization

NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number

75-2391148

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOWARD REGIONAL HEALTH SYSTEM FOUNDATION - 3500 SOUTH LAFOUNTAIN - KOKOMO, IN 46904	35-1128451	501(C)(3)	25,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
LIGA CONTRA EL CANCER/LEAGUE AGAINST CANCER - 2180 S.W. 12TH AVE. - MIAMI, FL 33129	59-1629554	509(A)(2)	60,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
LSUHSC FOUNDATION 450 A SOUTH CLAIBORNE AVENUE NEW ORLEANS, LA 70112	72-1115391	501(C)(3)	30,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
MAGEE WOMEN'S FOUNDATION 3339 WART STREET PITTSBURGH, PA 15213	25-1462312	501(C)(3)	50,000.	0.			EARLY DETECTION-PATIENT NAVIGATION PROGRAM
MARTIN MEMORIAL HEALTH SYSTEMS 2396 S. E. OCEAN BLVD. STUART, FL 34996	59-2343938	501(C)(3)	25,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
MARY RUTAN HOSPITAL 205 PALMER AVENUE BELLEFONTAINE, OH 43311	34-1407259	501(C)(3)	25,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
MAYO CLINIC SIEBENS 6, 200 FIRST STREET SW ROCHESTER, MN 55905	41-1937751	501(C)(3)	260,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
METROHEALTH FOUNDATION, INC. 2500 METROHEALTH DRIVE CLEVELAND, OH 44109	34-6607695	501(C)(3)	75,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN

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

3 Enter total number of other organizations

Name of the organization

NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number
75-2391148

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSISSIPPI STATE DEPARTMENT OF HEALTH - P. O. BOX 1700 - JACKSON, MS 39215	64-6000775	170(C)(1) & 115	60,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
MONTANA DEPARTMENT OF PUBLIC HEALTH - 1400 BROADWAY, RM C317 - HELENA, MT 59601	81-0302402	501(C)(3)	30,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
NEBRASKA MEDICAL CENTER 987421 NEBRASKA MEDICAL CENTER OMAHA, NE 68198	91-1858433	501(C)(3)	25,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
NEVADA HEALTH CENTERS 1802 N. CARSON STR., #100 CARSON CITY, NV 89701	94-3199117	501(C)(3)	80,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
OHIOHEALTH FOUNDATION 180 EAST BROAD STREET, 31ST FL. COLUMBUS, OH 43215	23-7446919	501(C)(3)	30,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
OU BREAST INSTITUTE 825 NE 10TH STREET OKLAHOMA CITY, OK 73104	73-6017987	170(C)(1) & 115(A)	35,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
OSF ST. FRANCIS MEDICAL CENTER 530 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61637	37-1259284	501(C)(3)	25,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
PARKLAND FOUNDATION 2777 N. STEMMONS FREEWAY DALLAS, TX 75207	75-2089180	501(C)(3)	100,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN

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

3 Enter total number of other organizations

Name of the organization

NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number
75-2391148

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POH RILEY FOUNDATION 50 NORTH PERRY STREET PONTIAC, MI 48342	20-0442217	501(C)(3)	50,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
PRESBYTERIAN HOSPITAL FOUNDATION 200 HAWTHORNE LANE CHARLOTTE, NC 28233	58-1413074	501(C)(3)	50,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
SOUTH DAKOTA DEPARTMENT OF HEALTH 615 EAST 4TH STREET PIERRE, SD 57501	46-6000364	501(C)(3)	40,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
SOUTHEASTERN OHIO REGIONAL MEDICAL CENTER - 1341 CLARK STREET - CAMBRIDGE, OH 43725	31-4391798	501(C)(3)	25,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
ST. ALEXIUS MEDICAL CENTER 1555 BARRINGTON ROAD HOFMANN ESTATES, IL 60169	36-4251846	501(C)(3)	100,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
ST. ROSE DOMINICAN HOSPITAL, WOMENSCARE CENTER - 100 N. GREEN VALLEY PARKWAY - HENDERSON, NV 89074	88-0059427	501(C)(3)	30,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
UNIVERSITY HEALTH CARE FOUNDATION 1350 WALTON WAY AUGUSTA, GA 30901	58-1343550	501(C)(3)	50,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
UNIVERSITY OF TEXAS M. D. ANDERSON CANCER CENTER - 6900 FANNIN, STE 6,1000 - HOUSTON, TX 77030	74-6001118	170(C)(1) & 115	475,000.	0.			RESEARCH FOR EARLY DETECTION, TREATMENT & CURE OF BREAST CANCER

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

3 Enter total number of other organizations

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

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
**▲ Attach to Form 990 to list additional information for
 Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047
2008

**Open to Public
Inspection**

Name of the organization

NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number

75-2391148

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITE MEMORIAL MEDICAL CENTER 1720 CESAR E. CHAVEZ AVENUE LOS ANGELES, CA 90033	95-2282647	501(C)(3)	175,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
WINTHROP P. ROCKEFELLER CANCER INSTITUTE FOUNDATION - 4301 W. MARKHAM STREET, #623 - LITTLE ROCK, AR 72205	71-6056774	501(C)(3)	75,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN
WYOMING DEPARTMENT OF HEALTH 6101 YELLOWSTONE ROAD CHEYENNE, WY 82002	83-0208667	501(C)(3)	40,000.	0.			EARLY DETECTION-MAMMOGRAMS FOR UNDERSERVED WOMEN

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

3 Enter total number of other organizations

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

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

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

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

Part IV Supplemental Information

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

GRANTEE ORGANIZATIONS RECEIVING NMP PATIENT NAVIGATION PROGRAM GRANTS MUST REPORT TO THE NBCF PROGRAM COORDINATOR ACTIVITIES, PROCESSES, PROCEDURES AND SUPPORT FUNCTIONS FOR THEIR PROGRAM, WOMEN SERVED PER SERVICE, AND THE AMOUNT OF GRANT FUNDS USED TO-DATE. NBCF IS IN THE PROCESS OF DEVELOPING A FORMAL RESULTS SUBMISSION FORM AND PATIENT NAVIGATION PROGRAM GUIDELINES.

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

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 checked="" 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 line 1a is 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	X	
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?	X	
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:		
a	Receive a severance payment or change of control payment?		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		X
Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
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?		X
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III.		X
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?		X
b	Any related organization? If "Yes" to line 6a or 6b, describe in Part III.		X
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		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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III		X

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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) 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 compensation				
JANELLE HAIL	(i) 151,750.	(ii) 0.	(iii) 0.	0.	57,173.	208,923.	0.
	(ii) 0.			0.	0.	0.	0.
KEVIN HAIL	(i) 120,986.	(ii) 0.	(iii) 0.	0.	56,369.	177,355.	0.
	(ii) 0.			0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
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	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No. 1545-0047

2008
Open To Public
Inspection

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

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JOHN REECE	ARMS LENGTH TRANSAC	130,284.	CONSULTING		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule L (Form 990 or 990-EZ) 2008

**SCHEDULE M
(Form 990)**

NonCash Contributions

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▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

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▶ 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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	1	3,000.	CONSERVATIVE FMV
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	1	606.	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	60	646,150.	FAIR MARKET VALUE
26	Other ▶ (FURNITURE & F)	X	2	11,000.	CONSERVATIVE FMV
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29** **0**

	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 revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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Name of the organization

NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number
75-2391148

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

COMMUNITY PROGRAMS-HOSTING OF INTERNET INTERACTIVE COMMUNITIES.

EXPENSES \$ 57480. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART V, LINE 1C:

COMPLIANCE WITH REPORTING RULES

THE ORGANIZATION COMPLIED WITH RULES FOR REPORTABLE PAYMENTS TO VENDORS AND REPORTABLE GAMING WINNINGS TO PRIZE WINNERS, BUT THERE WERE NONE TO REPORT.

FORM 990, PART V, LINE 7G:

COMPLIANCE WITH REPORTING RULES

THE ORGANIZATION COMPLIED WITH THE FORM 8899 FILING FOR CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY, BUT THERE WERE NONE TO REPORT.

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

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

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

DOCUMENTING OF COMMITTEE MEETINGS

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

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FORM 990, PART VI, SECTION A, LINE 10:

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

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

NBCF ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY HAVING EACH MEMBER OF THE BOARD READ THE DOCUMENT TWICE A YEAR AND RESPOND IN WRITING AS TO WHETHER OR NOT THERE ARE CONFLICTS. EACH BOARD MEMBER SIGNS THE DOCUMENT STATING THAT THEY HAVE READ AND UNDERSTAND THE CONFLICT OF INTEREST POLICY AND AGREE TO BE BOUND BY THEM. IN ADDITION, THE IMPORTANCE OF THE CONFLICT OF INTEREST POLICY IS OPENLY DISCUSSED IN THE BOARD MEETINGS AND BOARD MEMBERS ARE ASKED IF THEY HAVE ANY ACTIVITIES FOR WHICH THEY NEED TO CONFIRM WHETHER A CONFLICT OF INTEREST EXISTS. IF A CONFLICT OF INTEREST IS FOUND TO EXIST, APPROPRIATE ACTION IS TAKEN SUCH AS THE CONFLICTED BOARD MEMBER NOT PARTICIPATING IN DISCUSSIONS OR VOTING ON RELATED ISSUES. DEPENDENT ON THE NATURE OF THE CONFLICT, THE NON-CONFLICTED BOARD MEMBERS MAY PROPOSE AND VOTE ON A MOTION CONCERNING THE RESOLUTION OF CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS APPROVES THE COMPENSATION FOR THE OFFICERS OF THE ORGANIZATION AFTER COMPARING THE SALARIES WITH OTHER ORGANIZATIONS,

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AS WELL AS COMPARISON WITH COMPENSATION SURVEYS AND STUDIES. THE ACTION OF THE BOARD OF DIRECTORS IS THEN DOCUMENTED IN THE BOARD MINUTES.

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

NBCF MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST STATEMENT AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THEY OFFER TO FAX, U.S. FIRST CLASS MAIL OR EMAIL THE DOCUMENTS TO INTERESTED PARTIES. NBCF'S FORM 990 IS AVAILABLE ON THE WEBSITE WWW.GUIDESTAR.ORG. FINANCIAL AND OTHER INFORMATION ABOUT NBCF IS AVAILABLE ON THE WEBSITE WWW.CHARITYNAVIGATOR.ORG. THE NBCF'S ANNUAL REPORT, WITH SUMMARIZED FINANCIAL STATEMENTS, IS AVAILABLE ON THE WEBSITE WWW.NBCF.ORG.

FORM 990, PART VII, SECTION A:

REASON FOR -0- COMPENSATION

THE REASON THAT JOHN REECE, CFO, HAS NO WAGES OR HOURS DEVOTED TO THE BUSINESS IS THAT HE CAME TO WORK FOR THE ORGANIZATION JUNE 1, 2009 AND THE FORM REQUIRES COMPENSATION TO EMPLOYEES AS OF DECEMBER 31, 2008.

SCHEDULE J, PART 1, QUESTION 1A: NO FIRST-CLASS TRAVEL WAS CONDUCTED

REASON FOR TWO CHARTER FLIGHTS: DUE TO SCHEDULING RESTRICTIONS

CHARTER AIR TRAVEL WAS USED BY NBCF FOR TWO TRIPS TO LITTLE ROCK, ARKANSAS. THE PURPOSE OF ONE TRIP WAS FOR THE CEO AND STAFF TEAM TO RECORD A SERIES OF TELEVISION PUBLIC SERVICE ANNOUNCEMENTS TO BE USED IN A TIME-SENSITIVE NATIONAL TELEVISION CAMPAIGN OF AN EDUCATIONAL PROGRAM PROVIDER. THE OTHER TRIP WAS FOR THE CEO AND STAFF TEAM TO DO A

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SATELLITE MEDIA TOUR AND BREAST CANCER AWARENESS INTERVIEWS FOR AN
EDUCATIONAL PROGRAM PROVIDER'S TELEVISION STATIONS.

NBCF FOUND IT NECESSARY TO CHARTER A PLANE RATHER THAN FLY COMMERCIALY
BECAUSE THERE WAS A SHORT LEAD TIME DUE TO THE FACT THAT IT WAS
UNCERTAIN WHICH LOCATION WOULD TAPE THE PUBLIC SERVICE ANNOUNCEMENT.
BECAUSE OF THE HURRICANE THAT STRUCK HOUSTON, IT WAS DETERMINED AT THE
LAST MINUTE THAT THE TAPING NEEDED TO BE SOMEWHERE ELSE. DENVER,
PHOENIX, AND LITTLE ROCK WERE OPTIONS, WITH LITTLE ROCK BEING THE BEST
CHOICE.

A CHARTER FLIGHT WAS THE ONLY WAY THE TEAM COULD INSURE A ONE DAY ROUND
TRIP BECAUSE OF THE LOCATION OF THE TELEVISION STATION AND THE
UNCERTAINTY OF THE TIME NEEDED TO ACCOMPLISH THE WORK. THIS FLEXIBILITY
OVER OUR ARRIVAL AND DEPARTURE TIME WERE CRITICAL. WE WERE REQUIRED TO
STAY MUCH LONGER ON ONE TRIP THAN PREVIOUSLY ANTICIPATED DUE TO A
CRUCIAL TECHNICAL DIFFICULTY THEY WERE HAVING WITH THEIR SATELLITE FEED
AT THE STATION.

SCHEDULE L, PART IV:

BUSINESS TRANACTIONS INVOLVING INTERESTED PERSONS

(A) NAME OF PERSON: JOHN REECE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ARMS LENGTH TRANSACTION

(C) AMOUNT OF TRANSACTION \$130284.

(D) DESCRIPTION OF TRANSACTION: JOHN REECE WAS A CONSULTANT FOR THE

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Employer identification number

75-2391148

NATIONAL BREAST CANCER FOUNDATION THROUGH HIS ORGANIZATION WAYQUEST.

THE RELATIONSHIP BETWEEN THE ORGANIZATION ENDED WHEN JOHN BECAME AN

EMPLOYEE ON JUNE 1, 2009.