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OCTOBER 4, 2013

NATIONAL BREAST CANCER FOUNDATION, INC.
2600 NETWORK BLVD. NO. 300
FRISCO, TX 75034

DEAR JANELLE:

YOUR RETURN HAS QUALIFIED FOR ELECTRONIC FILING AND THE PRACTITIONER PIN PROGRAM HAS BEEN ELECTED. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

WE HAVE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

THE MB GROUP, LLC

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2013

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

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 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

B Check if applicable:	C Name of organization NATIONAL BREAST CANCER FOUNDATION, INC.	D Employer identification number 75-2391148
<input type="checkbox"/> Address change	Doing Business As	E Telephone number (972) 248-9200
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2600 NETWORK BLVD. 300	
<input type="checkbox"/> Initial return	City, town, or post office, state, and ZIP code FRISCO, TX 75034	G Gross receipts \$ 16,696,108.
<input type="checkbox"/> Terminated	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
<input type="checkbox"/> Amended return		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<input type="checkbox"/> Application pending	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	H(c) Group exemption number ▶
J Website: ▶ WWW.NBCF.ORG		L Year of formation: 1991 M State of legal domicile: TX
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SAVE LIVES BY EARLY DETECTION, PROVIDING DIAGNOSTIC BREAST CARE SERVICES FOR THOSE IN NEED,		
	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	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	29
	6	Total number of volunteers (estimate if necessary)	6	1672
	7a	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 13,389,700.	Current Year 11,962,660.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	200,623.	261,383.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,590,323.	12,224,043.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,765,523.	3,424,643.
	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)	2,503,077.	2,976,853.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,083,017.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,893,746.	6,724,269.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,162,346.	13,125,765.
	19	Revenue less expenses. Subtract line 18 from line 12	-572,023.	-901,722.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 9,650,762.	End of Year 8,251,860.
	21	Total liabilities (Part X, line 26)	1,017,621.	647,171.
	22	Net assets or fund balances. Subtract line 21 from line 20	8,633,141.	7,604,689.

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	Date			
	JOHN T. REECE, II, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ THE MB GROUP, LLC		10/04/13	<input type="checkbox"/>	P00726888
	Firm's address ▶ 5072 W PLANO PARKWAY, SUITE 150 PLANO, TX 75093		Firm's EIN ▶ 20-3762051		Phone no. 469-865-1040

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO SAVE LIVES 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.

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 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 [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 3,589,190. including grants of \$ 2,590,120.) (Revenue \$) 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 25,863 FREE DIAGNOSTIC BREAST CARE SERVICES, INCLUDING MAMMOGRAMS, AND 99,782 PATIENT NAVIGATION SERVICES.

4b (Code:) (Expenses \$ 6,488,215. including grants of \$ 300,708.) (Revenue \$) DESIGNED AND DELIVERED EDUCATIONAL AND AWARENESS MATERIALS UTILIZED BY OVER 13,635,356 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 \$ 740,446. including grants of \$ 533,816.) (Revenue \$) 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 10,817,851.

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 <i>Schedule B, Schedule of Contributors</i> ?	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>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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, for escrow or custodial account liability; 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 temporarily restricted endowments, permanent endowments, 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 and XII</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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <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 hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, 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>		
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 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
			37
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
			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		
			29
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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 instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		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 line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		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		2
e	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	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:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	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	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	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	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did 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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 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 VIII Statement of Revenue

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

			(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 95,870.					
	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 11,866,790.					
	g Noncash contributions included in lines 1a-1f: \$	2,580,252.					
	h Total. Add lines 1a-1f	▶	11,962,660.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f	▶					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	116,197.			116,197.	
	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				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)	▶	145,186.			145,186.
	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						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	▶					
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d	▶					
12 Total revenue. See instructions.	▶	12,224,043.	0.	0.	261,383.		

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).

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

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 United States. See Part IV, line 21	3,390,827.	3,390,827.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	33,816.	33,816.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	484,750.	391,477.	43,737.	49,536.
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	1,517,434.	716,069.	463,669.	337,696.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	416,942.	244,081.	102,103.	70,758.
9 Other employee benefits	387,333.	202,563.	116,760.	68,010.
10 Payroll taxes	170,394.	84,351.	53,679.	32,364.
11 Fees for services (non-employees):				
a Management				
b Legal	45,231.	27,851.	1,067.	16,313.
c Accounting	25,967.		25,967.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,312,478.	1,192,057.	7,133.	113,288.
12 Advertising and promotion	59,153.	19,396.	16,335.	23,422.
13 Office expenses	290,785.	156,401.	83,903.	50,481.
14 Information technology	781,497.	647,408.	43,142.	90,947.
15 Royalties				
16 Occupancy	493,491.	272,299.	126,646.	94,546.
17 Travel	304,819.	224,750.	27,609.	52,460.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,004.	11,229.	5,870.	5,905.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	202,479.	127,224.	38,378.	36,877.
23 Insurance	22,987.	16,523.	4,297.	2,167.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EDUCATIONAL PROGRAMS/MA	1,489,038.	1,489,038.		
b EDUCATION EXPENSE	1,041,241.	1,041,241.		
c EVENT EXPENSE	534,653.	526,891.	1,350.	6,412.
d INVENTORY DISPOSAL	59,600.		59,600.	
e All other expenses	37,846.	2,359.	3,652.	31,835.
25 Total functional expenses. Add lines 1 through 24e	13,125,765.	10,817,851.	1,224,897.	1,083,017.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	1,082,848.	1	1,096,284.
	2	Savings and temporary cash investments	13,845.	2	13,862.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	695,647.	4	984,040.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other 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 instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	12,618.	8	79,245.
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,690,509.		
	b	Less: accumulated depreciation	10b 910,715.	10c	779,794.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	6,372,935.	12	4,759,863.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	618,180.	15	538,772.
16	Total assets. Add lines 1 through 15 (must equal line 34)	9,650,762.	16	8,251,860.	
Liabilities	17	Accounts payable and accrued expenses	337,552.	17	57,953.
	18	Grants payable	400,000.	18	360,000.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	280,069.	25	229,218.
	26	Total liabilities. Add lines 17 through 25	1,017,621.	26	647,171.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	8,413,166.	27	7,295,793.
	28	Temporarily restricted net assets	219,975.	28	308,896.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	8,633,141.	33	7,604,689.
	34	Total liabilities and net assets/fund balances	9,650,762.	34	8,251,860.

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	12,224,043.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,125,765.
3	Revenue less expenses. Subtract line 2 from line 1	3	-901,722.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,633,141.
5	Net unrealized gains (losses) on investments	5	-126,729.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,604,689.

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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	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	
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		

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,225,984.	8,287,900.	10,332,766.	9,353,827.	9,382,408.	45,582,885.
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	8,225,984.	8,287,900.	10,332,766.	9,353,827.	9,382,408.	45,582,885.
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)						888,430.
6 Public support. Subtract line 5 from line 4.						44,694,455.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	8,225,984.	8,287,900.	10,332,766.	9,353,827.	9,382,408.	45,582,885.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	71,740.	79,437.	186,390.	185,458.	261,383.	784,408.
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.)	208.		1.			209.
11 Total support. Add lines 7 through 10						46,367,502.
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 2012 (line 6, column (f) divided by line 11, column (f))	14	96.39	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	96.42	%
16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 - 2011. 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012
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).

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

Protection of natural habitat Preservation of a certified historic structure

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 XIII, 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 XIII, 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 XIII.
- 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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII

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 current year end balance (line 1g, column (a)) held as:

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

The percentages in lines 2a, 2b, and 2c should equal 100%.

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 XIII the intended uses of the organization's endowment funds.

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

Description of property	(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	819,886.		330,954.	488,932.
d Equipment	489,986.		343,531.	146,455.
e Other	380,637.		236,230.	144,407.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				779,794.

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) AAA/AA RATED CORPORATE		
(B) BONDS	650,160.	END-OF-YEAR MARKET VALUE
(C) MUTUAL FUNDS	2,167,894.	END-OF-YEAR MARKET VALUE
(D) CERTIFICATES OF DEPOSITS	804,513.	END-OF-YEAR MARKET VALUE
(E) EQUITY SECURITIES	192,938.	END-OF-YEAR MARKET VALUE
(F) US TREASURY SECURITIES	368,779.	END-OF-YEAR MARKET VALUE
(G) US GOVERNMENT BACKED		
(H) SECURITIES	575,579.	END-OF-YEAR MARKET VALUE
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	4,759,863.	

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	405,866.
(2) PREPAID EXPENSES	132,906.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	538,772.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	186,430.
(3) DEFERRED PTO LIABILITY	42,788.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	229,218.

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	12,110,155.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	-126,729.
b	Donated services and use of facilities	12,817.
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	-113,912.
3	Subtract line 2e from line 1	12,224,067.
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	
b	Other (Describe in Part XIII.)	-24.
c	Add lines 4a and 4b	-24.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	12,224,043.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	13,138,607.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	12,817.
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIII.)	1.
e	Add lines 2a through 2d	12,818.
3	Subtract line 2e from line 1	13,125,789.
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	
b	Other (Describe in Part XIII.)	-24.
c	Add lines 4a and 4b	-24.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	13,125,765.

Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON SALE OF EQUIPMENT -24.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING 1.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

**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

2012

**Open to Public
Inspection**

Name of the organization **NATIONAL BREAST CANCER FOUNDATION, INC.** Employer identification number **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 its grants and other 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 its grants and other assistance 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	AWARENESS/EDUCATION THROUGH PRESENTATION OF BEYOND THE SHOCK SOFTWARE	PROVIDED AN EDUCATIONAL RESOURCE TO HOSPITALS FOR PROGRAM PROVIDERS TO GIVE TO BREAST CANCER	46,039.
SUB-SAHARAN AFRICA	0	0	PATIENT SERVICES OF SETTING UP NAVIGATOR NURSE PROGRAM	PRESENTED AND ORGANIZED PINK RIBBON RED RIBBON NAVIGATOR PROGRAM FOR HOSPITALS AND DOCTORS	40,447.
3 a Sub-total	0	0			86,486.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			86,486.

NATIONAL BREAST CANCER FOUNDATION, INC. 75-2391148

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. 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 2012 FOR WORLDWIDE	16,728.	WIRE TRANSFER	0.		
			EUROPE	MEMBERSHIP IN INTERNATIONAL MEDICAL CANCER SYMPOSIUM FOR 2013 FOR WORLDWIDE	17,088.	WIRE TRANSFER	0.		

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 1

3 Enter total number of other organizations or entities 0

SEE PART V FOR COLUMN (D) DESCRIPTIONS

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, Information 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; amounts of investments vs. expenditures per region); 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 \$33,816 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. NBCF'S GLOBAL VISION IS TO ELIMINATE BARRIERS IN THE FIGHT AGAINST BREAST CANCER, TO SHARE KNOWLEDGE WHILE GAINING UNDERSTANDING ABOUT BREAST CANCER, AND TO SPREAD NBCF'S MISSION WORLDWIDE TO SAVE LIVES THROUGH EARLY DETECTION. THE SYMPOSIUM PROGRAM AND RESEARCH PROJECTS WERE REVIEWED AND DETERMINED TO BE IN ALIGNMENT WITH OUR MISSION OF PROVIDING AWARENESS THROUGH EDUCATION, NURTURING SUPPORT SERVICES, AND EARLY DETECTION, AND ALSO IN ALIGNMENT WITH OUR GLOBAL VISION. 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 WAS THE METHOD USED TO ACCOUNT FOR THE TOTAL FOREIGN EXPENDITURES.

PART I, LINE 3, COLUMN (E):

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; amounts of investments vs. expenditures per region); 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.

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

PART II, COLUMN (D):

REGION: EUROPE

(D) PURPOSE OF GRANT: MEMBERSHIP IN INTERNATIONAL MEDICAL CANCER SYMPOSIUM FOR 2012 FOR WORLDWIDE INNOVATIVE NETWORKING

REGION: EUROPE

(D) PURPOSE OF GRANT: MEMBERSHIP IN INTERNATIONAL MEDICAL CANCER SYMPOSIUM FOR 2013 FOR WORLDWIDE INNOVATIVE NETWORKING

**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

2012

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. 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
ALABAMA DEPARTMENT OF PUBLIC HEALTH - RSA TOWER, 201 MONROE STREET, SUITE 1364 - MONTGOMERY, AL 36104	63-1106545		60,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
ALASKA DIVISION OF PUBLIC HEALTH 3601 C STREET, SUITE 322 ANCHORAGE, AK 99503	92-6001185		14,658.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
ALEXIAN BROTHERS HEALTH SYSTEM FOUNDATION - 1555 BARRINGTON RD. DOB #3, SUITE 1600 - HOFFMAN ESTATES, IL 60169	36-4251846	501(C)(3)	50,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
AMERICAN-ITALIAN CANCER FOUNDATION 112 EAST 71ST STREET, SUITE 2B NEW YORK, NY 10021	13-3035711	501(C)(3)	147,166.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT & PATIENT NAVIGATION PROGRAM GRANT
BETHESDA FOUNDATION 10500 MONTGOMERY RD. CINCINNATI, OH 45242	31-0537133	501(C)(3)	25,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
BRATTLEBORO MEMORIAL HOSPITAL 17 BELMONT AVENUE BRATTLEBORO, VT 05301	03-0107300	501(C)(3)	22,560.	0.			PATIENT NAVIGATION PROGRAM GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **42.**

3 Enter total number of other organizations listed in the line 1 table **2.**

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

Schedule I (Form 990) (2012)

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
CANDLER FOUNDATION, INC. 5353 REYNOLDS STREET SAVANNAH, GA 31405	58-0593388	501(C)(3)	25,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
CONVOY OF HOPE 330 S PATTERSON AVENUE SPRINGFIELD, MO 65802	68-0051386	501(C)(3)	300,607.	0.			BREAST HEALTH EDUCATION (BHE) GRANT
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BOSTON, MA 02215	04-2263040	501(C)(3)	30,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
DUKE UNIVERSITY BOX 2628, ROOM 221A MSRB DURHAM, NC 27710	56-0532129	501(C)(3)	21,374.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
FOX CHASE CANCER CENTER - INSTITUTE FOR CANCER RESEARCH - 333 COTTMAN AVE. - PHILADELPHIA, PA 19111	23-2003072	501(C)(3)	35,922.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT & PATIENT NAVIGATION PROGRAM GRANT
FRED HUTCHINSON CANCER RESEARCH CENTER - 1100 FAIRVIEW AVENUE N - SEATTLE, WA 98109	23-7156071	501(C)(3)	150,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT & PATIENT NAVIGATION PROGRAM GRANT
GEORGE W. BUSH FOUNDATION PO BOX 600610 DALLAS, TX 75360	20-4119317	501(C)(3)	16,500.	0.			PATIENT NAVIGATION PROGRAM GRANT
JOHNS HOPKINS UNIVERSITY 601 N CAROLINE STREET BALTIMORE, MD 21287	52-0595110	501(C)(3)	50,000.	0.			PATIENT NAVIGATION PROGRAM GRANT
KINGMAN REGIONAL MEDICAL CENTER FOUNDATION - 3269 STOCKTON HILL ROAD - KINGMAN, AZ 86409-3619	74-2388735	501(C)(3)	37,622.	0.			PATIENT NAVIGATION PROGRAM GRANT

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
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)	35,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
LSUHC FOUNDATION 450 A SOUTH CLAIBORNE AVENUE NEW ORLEANS, LA 70112	74-2388735	501(C)(3)	25,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
MAGEE-WOMENS RESEARCH INSTITUTE & FOUNDATION - 300 HALKET STREET - PITTSBURGH, PA 15213	25-0965420	501(C)(3)	23,000.	0.			PATIENT NAVIGATION PROGRAM GRANT
MAINE MEDICAL CENTER 100 CAMPUS DRIVE, UNIT 110 SCARBOROUGH, ME 04074	01-0238552	501(C)(3)	25,775.	0.			PATIENT NAVIGATION PROGRAM GRANT
MAYO FOUNDATION 200 1ST STREET SW ROCHESTER, MN 55902	41-6011702	501(C)(3)	177,973.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
PARKLAND FOUNDATION 2777 N STEMMONS FWY, SUITE 1700 DALLAS, TX 75207	75-2089180	501(C)(3)	189,595.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT & PATIENT NAVIGATION PROGRAM GRANT
POH REGIONAL MEDICAL CENTER 50 NORTH PERRY STREET PONTIAC, MI 48342	38-1428164	501(C)(3)	32,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
PRESBYTERIAN HOSPITAL FOUNDATION 200 HAWTHORNE LANE CHARLOTTE, NC 28204	58-1413074	501(C)(3)	55,242.	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
THE QUEEN'S MEDICAL CENTER 1301 PUNCHBOWL STREET HONOLULU, HI 96813	99-0073524	501(C)(3)	79,000.	0.			PATIENT NAVIGATION PROGRAM GRANT
SIBLEY MEMORIAL HOSPITAL 5255 LOUGHBORO ROAD, NW WASHINGTON, DC 20016	45-0562642	501(C)(3)	100,000.	0.			PATIENT NAVIGATION PROGRAM GRANT
SPECTRUM HEALTH FOUNDATION 145 MICHIGAN NE MC 202 GRAND RAPIDS, MI 49503	38-2752328	501(C)(3)	100,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
SAINT ALPHONSUS 6200 WEST EMERALD BOISE, ID 83706	82-0200895	501(C)(3)	23,895.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
ST. ANTHONY'S MEDICAL CENTER 10010 KENNERLY ROAD ST. LOUIS, MO 63128	43-0980256	501(C)(3)	25,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
ST. JOSEPH'S HEALTH SERVICES OF RI DEVELOPMENT FUND - 200 HIGH SERVICE AVENUE - NORTH PROVIDENCE, RI 02904	05-0259026	501(C)(3)	51,659.	0.			PATIENT NAVIGATION PROGRAM GRANT
ST. ROSE DOMINICAN HEALTH FOUNDATION - 102 E. EAST LAKE MEAD PARKWAY - HENDERSON, NV 89015	88-0349432	501(C)(3)	49,675.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
ST. VINCENT'S MEDICAL CENTER FOUNDATION, INC. - 2800 MAIN STREET - BRIDGEPORT, CT 06606	22-2558132	501(C)(3)	40,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
SWEDISH COVENANT HOSPITAL FOUNDATION - 5145 CALIFORNIA AVENUE - CHICAGO, IL 60625	26-2179813	501(C)(3)	75,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT

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 ROSE GALLERIA 5420 W LOOP SOUTH, SUITE 3300 BELLAIRE, TX 77401	76-0193812	501(C)(3)	0.	129,000.	FAIR MARKET VALUE PER RETAIL	ASPIRE CLEAR VIEW MAMMOGRAPHY READER	NATIONAL MAMMOGRAPHY PROGRAM GRANT
THE UNIVERSITY OF TEXAS M. D. ANDERSON CANCER CENTER - THE DEVELOPMENT OFFICE, UNIT 705, BOX 301439 - HOUSTON, TX 77230-1439	74-6000203	170(A)	576,858.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT & BREAST CANCER RESEARCH GRANT
THOMAS JEFFERSON UNIVERSITY HOSPITAL - 1015 CHESTNUT STREET, SUITE 617 - PHILADELPHIA, PA 19107	23-2829095	501(C)(3)	65,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
UNIVERSITY HEALTH CARE FOUNDATION 1350 WALTONWAY AUGUSTA, GA 30904	58-1343550	501(C)(3)	70,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
UNIVERSITY HEALTH SYSTEM, INC. (UNIV OF TENN) - 1934 ALCOA HWY, SUITE 473 - KNOXVILLE, TN 37920	31-1626179	501(C)(3)	35,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
UNIVERSITY HOSPITAL FOUNDATION (UNIV OF UTAH) - 50 NORTH MEDICAL DRIVE - SALT LAKE CITY, UT 84132	87-6000525	501(C)(3)	25,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
UNIVERSITY HOSPITALS 11100 EUCLID AVE MS MCOO-5062 CLEVELAND, OH 44106	34-1567805	501(C)(3)	4,800.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
THE KANSAS UNIVERSITY ENDOWMENT ASSOCIATION - 2330 SHAWNEE MISSION PARKWAY, SUITE 1102 - WESTWOOD, KS 66205	48-0547734	501(C)(3)	25,000.	0.			PATIENT NAVIGATION PROGRAM GRANT
UNIVERSITY OF LOUISIVILLE FOUNDATION, INC. - 529 SOUTH JACKSON STREET - LOUISVILLE, KY 40202	23-7078461	501(C)(3)	50,000.	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
UNIVERSITY OF OKLAHOMA FOUNDATION, INC. - 825 NE 10TH STREET OUPB 3500 - OKLAHOMA CITY, OK 73104	73-1477155	115A	40,000.	0.			NATIONAL MAMMOGRAPHY PROGRAM GRANT
WHITE MEMORIAL MEDICAL CENTER 1720 CESAR E CHAVEZ AVENUE LOS ANGELES, CA 90033	95-3760201	501(C)(3)	225,100.	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, Part III, column (b), and any other additional information.

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

Part IV Supplemental Information

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

THE NATIONAL MAMMOGRAPHY PROGRAM - RESULTS SUBMISSION FORM IS A REQUIREMENT OF GRANT RECIPIENTS FOR SEMI-ANNUAL MONITORING OF GRANTS AWARDED. GRANTEE ORGANIZATIONS ARE REQUIRED TO REPORT THE AMOUNT OF GRANT FUNDS USED TO-DATE, 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

2012

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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <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?	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) 2012

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JANELLE HAIL CEO/PRES, CHAIRMAN OF BOD	(i)	179,839.	0.	0.	61,104.	240,943.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(2) KEVIN HAIL COO	(i)	154,348.	0.	0.	60,395.	214,743.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(3) JOHN REECE CFO	(i)	143,952.	0.	0.	57,932.	201,884.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(4) JO ANN TIMBERLAKE VP, ACCOUNTING	(i)	109,910.	0.	0.	48,912.	158,822.	0.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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
JANELLE HAIL, CEO/CHAIRMAN	BOARD OF DIRECTOR F	0.	MEMBERSHIP		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF INTERESTED PERSON:

JANELLE HAIL, CEO/CHAIRMAN OF BOARD NATIONAL BREAST CANCER FOUNDATION, INC.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD OF DIRECTOR FOR WORLDWIDE INNOVATIVE NETWORKING

(D) DESCRIPTION OF TRANSACTION: MEMBERSHIP IN INTERNATIONAL MEDICAL

CANCER SYMPOSIUM FOR 2012 AND 2013 OF \$33,816.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

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	3	2,935.	MARKET VALUE PER CLO
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	32	2,291,066.	FAIR MARKET VALUE
26 Other ▶ (FUNDRAISER IT)	X	9,120	148,780.	FAIR MARKET VALUE
27 Other ▶ (MEDICAL EQUIP)	X	1	129,000.	FAIR MARKET VALUE
28 Other ▶ (VIKING RANGE)	X	1	6,178.	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.		

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

Schedule M (Form 990) (2012)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

VIDEO EQUIPMENT

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1440.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

OFFICE SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 73

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 853.

(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

2012

**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 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 SENIOR VICE PRESIDENT, 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 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

Name of the organization NATIONAL BREAST CANCER FOUNDATION, INC.	Employer identification number 75-2391148
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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 XI, LINE 9, CHANGES IN NET ASSETS:
ROUNDING

-1.